

Community theater for improved nutrition

A GUIDE FOR PROGRAM MANAGERS AND THEATER GROUPS

INTRODUCTION

Community theater can be an effective way to support positive changes in health knowledge and behavior as well as related social norms.¹⁻⁵ This is a guide for program managers and community theater groups on how and why to integrate maternal, infant, and young child nutrition content into existing community theater activities. It provides recommendations for strengthening theater performances based on PATH's successful experience implementing Magnet Theater^a for a variety of public health topics throughout Africa and Asia, and the Infant & Young Child Nutrition (IYCN) Project's^b experience using theater to promote optimal infant and young child feeding practices in Zambia.



PATH/Julie Baker

Use of community theater to change behaviors for improved health

Community theater can be an effective way to share information and encourage community dialogue. Theater can strengthen the appeal of health messages and provide a believable and interesting way to explore health issues. When a theater performance is effective, it can change the way people think and possibly the way they act. Community theater is a communication tool that can increase knowledge and awareness of a health issue; influence beliefs and attitudes that affect behaviors and social norms; prompt action; demonstrate recommended practices; increase utilization of and support for services; address and explore popular misconceptions; and strengthen community support for recommended practices.⁶

a Magnet Theater is PATH's form of community theater; it is designed to not only entertain and educate, but to involve audience members in the action and encourage the kind of participation and reflection that is necessary for sustained behavior change.

b The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition.

How does theater influence people?

Theater engages the audience, focusing their attention and actively involving them in an experience.⁷ Community theater creatively explores common beliefs and multiple viewpoints, as well as encourages discussions around sensitive topics.⁸ Community theater allows audiences to receive key messages in an entertaining and exciting way,⁷ and can engage audience members regardless of their literacy levels.⁹ Community theater performances can provoke emotional and intellectual responses.⁹ The emotional response is key to influencing attitudes and behaviors, but it must be coupled with clear messages that encourage specific action.⁷ Theater performances also provide an opportunity for repeated exposure to key messages, which can intensify their impact, especially when delivered through multiple channels.⁶

In Zambia, the IYCN Project implemented a demonstration project from October 2010 to March 2011 to establish a scalable model for implementing systematic improvements in facility- and community-based nutrition assessment, counseling, and support. Conducted in collaboration with the health management team in Kabwe District and with planning input from the Zambia Prevention, Care and Treatment Partnership, the demonstration

targeted Bwacha and Makululu Health Centers, whose catchment areas are among the country’s largest periurban communities and whose rates of malnutrition and HIV are among the highest in the district.

As part of the project, IYCN enhanced the activities of community health workers by training local theater groups to integrate nutrition messages into their performances. These performances provided an excellent way to further engage the community. For example, the theater group at Bwacha Health Center conducted performances in different areas of Bwacha, including markets and at road junctions. They first used megaphones and drums to get the attention of community members. When a number of community members gathered, they would perform songs, dances, and theater pieces. The theater group performers reported that mothers followed up with them after the performance to ask additional nutrition questions, and community members reported learning more about good nutrition practices. Theater group performers also said they felt motivated with their new knowledge on infant and young child feeding, and that they could correctly interpret growth cards for children younger than five years of age, as well as counsel mothers.^{10,11}

[The theater performances] have helped me in the feeding of my child hygienically, and I have learned how to improve and enrich the food that my child eats. This is through the information that I obtained from the community drama sensitizations.

Mother, Bwacha compound

THE IMPORTANCE OF GOOD NUTRITION IN HEALTH AND DEVELOPMENT

Nutrition is essential for health and development. Good nutrition improves infant, child, and maternal health; strengthens the immune system; and makes pregnancy and childbirth safer. Children who are healthy learn better. People who are well nourished can be more productive and are more likely to break the cycles of poverty and hunger,¹² and lead to economic growth for developing countries.¹³ How women eat during pregnancy and how children are fed during the first two years of life is especially important.

Undernutrition—the term used to describe poor nutritional status typically caused by not eating enough food—is one of the world’s most serious health problems, but is also one that does not receive adequate attention.¹³ Undernutrition negatively impacts health and

If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be made up when the child is older—it will affect the child for life.

development, with women, children, and the very poor the most affected. In developing countries, almost one-third of children are underweight or too short for their age.¹³ Each year, undernutrition contributes to an estimated 3.5 million maternal and child deaths.¹⁴

Undernutrition can be prevented, but it is not a simple problem with a single solution. It is the result of multiple, interrelated causes and requires a comprehensive, integrated response.¹⁵ The two most significant immediate causes of undernutrition—not eating enough and illness—can create a vicious cycle (see Figure 1). It is important that children eat the best foods they can, so that they grow well and do not get sick. An undernourished child, who is less able to fight illness, can fall ill and become even more malnourished. Children who enter this malnutrition-infection cycle can quickly face serious health risks, as one condition contributes to the other.

Malnutrition lowers the body’s ability to fight infection and leads to longer, more severe, and more frequent episodes of illness.¹⁵ Infections cause loss of appetite and change the way the body uses food. These, in turn, cause the body to need even more nutrients, causing the child to become even more undernourished and weak.

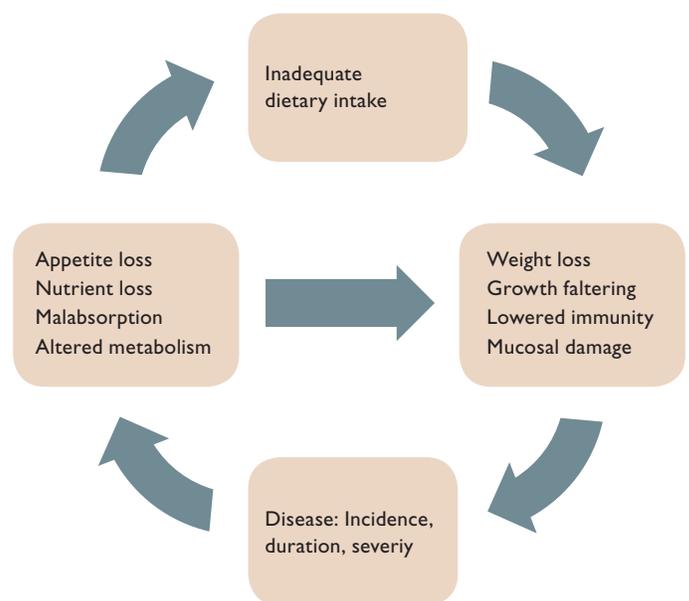


FIGURE 1. The malnutrition-infection cycle.¹⁵

Children less than 2 years old are especially affected when they do not eat properly. Young children who are undernourished are not only more at risk for illness, but also for becoming less intelligent, having behavioral problems, having a lower capacity for learning, and dying.

Malnutrition can also cause serious problems during pregnancy for a mother's health and the health of her child. Maternal malnutrition during pregnancy increases the risk of health problems for the mother, including obstructed labor, premature or low-birthweight babies, postpartum hemorrhage, and death. In addition, low birthweight contributes to infant mortality. Moreover, low-birthweight babies who survive are likely to grow poorly and be sick throughout their childhood, adolescence, and into adulthood, then passing on the cycle of malnutrition by giving birth to low-birthweight babies.¹⁶

Malnutrition and HIV interact in a negative cycle for women, men, and children living with HIV. People living with HIV have increased energy and nutrients requirements, and malnutrition limits the body's ability to fight opportunistic infections. For pregnant and lactating women who are HIV positive, the added energy needs of pregnancy and lactation are added onto the additional nutritional needs of living with HIV. It is therefore key to target nutritional counseling and support to these groups in an integrated and non-stigmatizing way. In addition, HIV-positive pregnant women need counseling and support during pregnancy, and after giving birth, about how best to feed their babies to reduce the risk of HIV transmission.

In most families, mild and moderate malnutrition can be eliminated or controlled through inexpensive changes in dietary and food hygiene practices. Most families do not require outside support for additional food to control malnutrition in their children.¹⁷ The box to the right highlights key nutrition practices.

USE OF COMMUNITY THEATER TO ENGAGE COMMUNITIES

Improving maternal, infant, and young child nutrition requires positive changes at all levels—mothers and caregivers, families and households, communities, and health facilities. Community theater can help address individual behaviors and create an atmosphere of support for recommended practices. In order for theater to effectively encourage changes in behavior and social norms, it needs to be part of a comprehensive strategy that includes multiple interventions promoting key messages that are linked and reinforced. Community theater performances can emphasize key messages that

Recommended nutrition practices

During pregnancy, it is important for a woman to:

- Eat an extra meal each day.
- Take iron/folic acid tablets each day.
- Eat iron and vitamin A–rich foods.
- Consume iodized salt.
- Rest more often and avoid very strenuous work.

When a woman is breastfeeding, it is important to:

- Eat an extra meal or two each day.
- Eat iron and vitamin A–rich foods.
- Take a vitamin A supplement within two months of giving birth.

For the first six months, it is important to:

- Start to breastfeed immediately after the baby is born.
- Breastfeed exclusively for the first six months.
- Breastfeed whenever the baby wants, during the day and night.
- Continue to breastfeed often when the baby is sick.

From 6 months to 2 years of age, it is important to:

- Introduce a variety of foods at 6 months, starting with soft foods and gradually increasing variety and amounts as the baby grows older.
- Feed the right amount and right kinds of safely prepared nutritious complementary foods
- Provide appropriate nutritional care when the child is sick.
- Make sure that infants and young children consume enough of the important micronutrients, especially vitamin A, iron, and iodine.
- Continue breastfeeding on demand for at least two years and beyond.

Throughout childhood, it is important to:

- Prevent infection and promptly care for diarrhea, fever, and acute respiratory infections to ensure that food consumed is used efficiently by the body.

These optimal practices are necessary to ensure that children grow and develop well during infancy and early childhood.

community members are hearing through interpersonal communication with health care providers, support group members, and community health workers, or through mass media such as radio programs or billboards. Theater performances provide an opportunity for individuals to

discuss and reflect on new behaviors, address common misperceptions, and challenge unresponsive social norms, such as gender roles that limit women's autonomy or decision-making ability.

Behavior change communication theory and programmatic experience suggest that individuals need more than technical information about recommended health practices to bring about sustained positive changes in behavior. Individuals need to recognize and believe the benefits of the behavior, be committed to perform the new behavior, have the skills to perform the behavior, believe they can perform the behavior, believe the behavior will produce a positive outcome, perceive the behavior consistent with their self-image, and feel there is support for, and even pressure to, perform the behavior.¹⁸ It is important for individuals to have the opportunity to reflect on the recommended behavior, see it modeled, and feel support to try it.

Best practices in community theater

For more than a decade, PATH has implemented community theater activities in dozens of countries using the award-winning Magnet Theater approach.^c Key components of this best practice can be incorporated into current community theater performances to strengthen their impact. Magnet Theater engages communities and promotes social and behavior change by providing a forum for community members to reflect on common practices, discuss barriers, identify solutions, and engage in discussions around important issues. This participatory, interactive community theater approach can be used to explore a wide range of public health and social development issues, including maternal, infant, and young child nutrition. Magnet Theater activities are most successful when they are part of a larger communications strategy that is developed based on findings from formative research and the multiple reasons why recommended behaviors are not practiced.

Magnet Theater explores issues affecting a community and encourages discussion and problem-solving with community members. The actors perform a drama in a public space that presents a dilemma based on a specific problem or issue in that community. The drama is performed by the actors until a key decision or action is required. The audience then participates by offering suggestions to the characters and/or taking the place of the actors and acting out solutions to the dilemma.

Magnet Theater encourages the target audience to discuss and try solutions in a safe environment. Magnet Theater gives people the opportunity to share their experiences of behavior change with others. When audience members who have changed their behavior want to share their ideas with others, Magnet Theater provides a platform for sharing (or magnifying) that behavior change.

A dilemma is key to sparking critical discussion among community members about behaviors. A dilemma is a situation that requires a person to make a difficult choice between two or more options, each of which has its own perceived advantages and disadvantages.

In order for a theater performance to be successful, the performance needs to tell an entertaining and engaging story. The following are common characteristics of a successful performance⁷:

- Characters are well developed. They have complex, realistic, and relevant experiences and relationships that help tell the story.
- The characters experience an internal or external conflict that interests the audience.
- The story is believable and is similar to something audience members could experience themselves or hear about in their community.
- The performance uses humor, as appropriate. Stories that make the audience laugh are entertaining.

It is important that the content of the performance reflects a realistic understanding of the knowledge, attitudes, and practices of the target audience and that it is based on an analysis of the barriers that audience members believe impede behavior change.⁹ Formative research^d findings can be used to ensure that performances express existing attitudes, beliefs, and practices, and the social context in which these practices exist, as well as the barriers that prevent the adoption of recommended practices (e.g., social, cultural, cost, availability of services).¹⁷ The facilitated discussion can then explore how these barriers and challenges can be overcome. When sharing key messages with the audience, it is important that the messages call for and motivate audience members to carry out a specific action, address barriers convincingly, offer meaningful benefits, and are memorable.¹⁷

^c PATH was awarded the AfriComNet Annual Award for Excellence in HIV and AIDS Strategic Communication for Magnet Theater in 2007.

^d The IYCN Project has developed materials on maternal, infant, and young child nutrition formative research that are available from the IYCN website at www.iycn.org.

Magnet Theater performance structure¹⁹

Crowd-pulling: On the day of a performance, theater group members arrive and begin crowd-pulling, which involves loud and colorful methods to attract an audience and announce that a performance is about to take place. Crowd-pulling usually includes singing and dancing. Everyone is welcome to attend the performance.

Ice-breaking: Once the crowd is gathered, the theater group will execute one or two short, often comedic performances known as ice-breaking. Ice-breaking does not have educational content, but serves to develop rapport between the audience members and the theater group.

Performance: Then the performance is acted. The audience members are presented with a number of characters who are faced with a health-related dilemma. The actors perform several scenes to help the audience understand each of the characters. This continues until a key dilemma is introduced and the characters are forced to make a decision. At this critical point, the performance is stopped to encourage audience participation. When the performance is stopped at the key dilemma, the actors “freeze” (stand in a fixed pose).

Facilitated discussion: With the actors frozen, another group member enters the performance and begins to facilitate a discussion with the audience on the best solution to the dilemma. Audience members’ suggested solutions are acted out by the actors, or audience members themselves take the actors’ places and act out their proposed solution. Suggestions continue to be discussed by the audience throughout the facilitated discussion. Audience members are encouraged to share their experiences and propose solutions for overcoming related barriers and challenges.

Magnification: In addition to the performance, Magnet Theater provides a venue for sharing experiences of those who have changed their behavior and sustained the behavior over time. The community and theater group members identify those who have successfully adopted a new, healthy behavior or attitude and encourage them to share their experience with the audience. This experience-sharing, called magnification, offers audience members the opportunity to publicly share their experiences with others and to help advocate for behavior change in their community. The target audience can listen to their peers talk about their experiences as possible solutions to the dilemma during a performance. Hearing the experiences and successes of peers may encourage others to change their behavior.

Post-performance discussion: Audience members who still have questions about the dilemma or performance topic are invited to a discussion immediately following the performance to discuss the issue in more detail and receive information on and referrals to related services in their community. This discussion can be facilitated by a member of the theater group or an expert (such as a community health worker or volunteer).

At the end of each performance, theater group members inform the audience about the date of the next performance and invite them to attend. Before the next performance, theater group members meet to develop another play based on an issue in which audience members expressed interest during the facilitated discussion or the post-performance discussion.

Steps for preparing theater performances to improve nutrition

The steps and related questions below^{7,19} can help theater groups prepare for a performance.

➡ Set a goal

Before starting to prepare for a performance, it is important to set a goal, which will determine the topic. The question below can help theater groups agree on a nutrition-related goal and topic for a performance:

• What is a nutrition problem or issue facing the community?

This will form the theme or topic covered by the script and the dilemma that needs to be resolved. It is important for the topic to be directly related to the

target audience to keep them interested and encourage participation and discussion. For example, the problem may be the high percentage of children who are stunted (short for their age). Your goal is to improve how babies and young children are fed.

➡ Understand the problem

Next, think about what needs to be addressed in order to reach the goal. Some questions to consider:

• What is causing this nutrition problem?

Answering this question can help identify how the target audience is involved in the problem and create a realistic story. Within the target audience’s environment, what are the causes of the high stunting rates? In general, poor feeding practices contribute to the high stunting rates, but a specific practice, chosen

When planning a performance, it is important to use findings from formative research to develop characters and situations that are realistic and will resonate with audience members. Prioritize topics that explore current, common practices that contribute to poor nutrition.

from formative research findings, needs to be addressed in the theater performance. For example, formative research may have identified that many young children are given purchased snack foods that are not nutritious, instead of healthier snacks and meals.

- **What barriers will or might people face if they try to practice the recommended behaviors to address this problem?**

This question will help make the characters and the story more realistic, as well as provide topics and problem-solving opportunities during the facilitated discussion.

For example, mothers may think that the purchased snacks are more convenient, because they save time and are easier to feed to their children, and that the children like the taste and eat more compared to foods prepared at home, or they may think they are more nutritious.

- **What will or might motivate people to change behaviors?**

This question will help to incorporate key messages into a performance and will keep the story realistic.

For example, purchased snack foods are more expensive than bananas, mangos, and other nutritious snacks that are just as convenient.

➔ Define objectives

In addition to ensuring that a performance will be entertaining and realistic, it is important to identify the objectives before developing a performance.

Clearly defined objectives can help guide performance development. To determine performance objectives, theater groups can work together to answer these questions:

- What attitudes do you want to change?
- What new knowledge do you want the audience to have?
- How would you like the audience to behave after attending the performance?

For example, if giving water to young babies is a common practice and frequently encouraged by grandmothers, in a performance exploring this issue, it would be important to

include information about why this practice is dangerous, explain that breastmilk has plenty of water, and illustrate some skills needed to help mothers and fathers to better communicate with grandmothers. Therefore, the objectives are to:

- Increase understanding of the dangers of giving water to young babies.
- Increase knowledge of the benefits of breastfeeding, including that breastmilk contains enough water to satisfy thirst.
- Demonstrate good communication skills.

As the theater performance is further developed, it is important to review the objectives periodically to ensure they are contributing to the overall goal. One to three objectives are usually sufficient for each performance. Trying to address too many objectives can make the performance become unfocused and less entertaining.

Even though it may seem like a good opportunity to try to address several topics and include many key messages in one performance, it is important to keep the performance focused. Specific objectives can help performances stay on topic.

➔ Develop a performance

After developing performance objectives for the piece, the theater group can work together to plan a performance by answering a series of questions. These questions can be used to guide improvisation or script-writing depending on the theater group's approach to performance planning. These questions will help to create performances that are realistic, logical, and relate directly to the performance objectives.^{7,19}

Conflict: Identify a conflict that relates to the objectives for the performance:

- What is the performance about?
- What is causing the conflict?
- What do the characters want and how do their differing priorities cause disagreement?

Characters: The characters should be the people affected by and involved in the problem or topic. These could be mothers, fathers, grandmothers, health workers, or others.

- What characters are involved in this conflict?
Remember, drama must be logical or it will not be believable. Make sure the characters are those that would realistically be dealing with the dilemma.

- What are the characters' relationships to one another? How long have they known each other? What are the power dynamics in their relationships?
- What are the characters' backgrounds? How old are they? Where are they from?
- What is each character's point of view about the issue?
- What are the characters' attitudes and beliefs around the issue before the performance starts?
- Will their points of view change during the performance? If so, how?

It is important to have a general initial idea of the characters, but to allow the characters to evolve throughout the planning process. Decide on the characters' names at the beginning and avoid using the actors' real names in order to protect them from being overly identified with their roles. In addition, do not use specific names of people in the community or base characters on community members who could be easily identified.

Common beliefs: Incorporating common beliefs, social norms, and misperceptions into a performance can help the audience have a better understanding of the problem and think about how common beliefs might be barriers to recommended practices.

- What are the common beliefs, attitudes, and misperceptions associated with this issue in the community?

Setting: Selecting the setting or location for the scene in the beginning will help the actors to better understand their roles. Be sure that locations, like characters, are logical to the conflict. The location can also increase the dramatic tension. For example, if a scene is about a mother expressing her differing opinion to her mother-in-law, it might be more dramatic if it takes place in a public space, like a church or market, rather than at home.

- Where does the problem take place?

Key messages and information: This may help the theater group to better understand the problem and to prepare facilitation questions that enrich audience discussions during the performance.

- What are the technical facts related to the theme?
- What are the key messages?
- How can this information be incorporated in an entertaining way?

Remember: The performance should continue to be entertaining; be careful to keep it from becoming a health talk or nutrition education session. The box on the facing page below provides an overview of a typical PATH Magnet Theater performance.



Tina Kaonga

GETTING THE MESSAGE RIGHT: APPROPRIATE NUTRITION TOPICS FOR COMMUNITY THEATER

Nutrition issues are complicated because they involve a variety of factors, including feeding practices, access to food, and personal health, and they are tied to cultural practices, traditions, and social norms, especially around gender roles and household member roles in decision-making and child care. They also involve relationships between partners, among family, and within the community. This complexity is what makes community theater an effective way to further explore nutrition topics. Women and families need support to practice recommended feeding behaviors, and theater can help create a supportive environment. However, not all nutrition behaviors can be effectively examined through community theater. It is important to remember the strengths and limitations of this medium. For example, tailored recommendations on complementary feeding based on individual circumstance can be more effectively communicated through individual counseling with a health or nutrition worker.

When a performance is focused on a nutrition topic, invite a nutritionist or community health worker/volunteer with nutrition training to come to a rehearsal or planning meeting, as well as to attend the performance to provide support during the post-performance discussion. Meet with other community groups and nutrition programs to ensure that consistent messages are being shared throughout community activities.

Table 1 provides examples of suggested topics and issues that could be explored through community theater performances and lend themselves to being stopped at a key dramatic moment to encourage audience participation. In addition to the examples, correct information is provided. The suggestions should be adapted to better reflect current practices in the community using findings from formative research.

TABLE I. Performance topics and related information.²⁰⁻²²

Potential performance topics	Factual information and recommendations	Barriers to recommended practices (attitudes, practices, misperceptions, and norms)
<p>Caregiver practices <i>Mothers are largely responsible for the care and feeding of babies and young children. When preparing a performance, mothers can be depicted as struggling and facing challenges, but it is important not to portray them as purposefully doing something wrong or being poor caregivers.</i></p>		
It is a very hot day and a mother thinks her 2-month-old baby needs water.	For the first six months of life, babies do not need any foods or liquids other than breastmilk, not even water. Breastmilk has plenty of water to satisfy a baby's thirst, even in very hot climates.	Misperception: Every baby needs water.
A mother's first child is a young baby who is crying all of the time. The mother thinks she does not have enough breastmilk to satisfy her baby and she should give something else.	Breastmilk is the perfect food for babies for the first six months of life. During this time, breastmilk has all the food and water that a baby needs. Breastfeed the baby whenever he or she wants, throughout the day and night. The more the baby breastfeeds (with good attachment), the more breastmilk you will make. Let the baby finish one breast before offering the other.	Misperception: Breastmilk is not enough to satisfy a baby's needs for the first six months of life.
A new mother is breastfeeding and it is very painful. Her neighbors and female relatives tell her it is a normal part of breastfeeding.	Breastfeeding should not be painful. Good attachment helps to prevent sore and cracked nipples. Good attachment also helps the baby suckle well and produces a good supply of breastmilk. Encourage women to get help from a trained health worker if they experience pain.	Misperception: It is normal for a mother to experience pain when starting to breastfeed.
A woman who is eight months pregnant is having headaches and feeling dizzy. She is continuing to collect firewood and water along with her other household chores, because she feels it is her responsibility.	Getting enough rest and avoiding hard labor during pregnancy helps women to carry a pregnancy to term and to have a healthy, normal-size baby. Heavy work can cause a baby to be born too early.	Norm: Women are responsible for many household chores, and are expected to complete them even when pregnant or breastfeeding.
An HIV-positive mother is worried about feeding her baby. She has been counseled to exclusively breastfeed and knows that it is her safest option, but is still worried about her baby and wonders if she should give other milk some of the time to reduce the risk.	For most HIV-positive women in our communities, exclusive breastfeeding is the best way to feed their babies for the first six months, with continued breastfeeding through at least 12 months. However, if in the first six months, women breastfeed and give other foods or liquids (including water) at the same time, it makes the risk of HIV transmission and death from other illnesses much higher. This is called mixed feeding. Although giving only formula (and never breastfeeding) reduces the risk of HIV transmission, it makes a baby far more likely to become sick and die from other illnesses, such as pneumonia and diarrhea. For this reason, exclusive breastfeeding for the first six months and continued breastfeeding through at least 12 months is the safest option for most women in our communities.	Misperception: All or most HIV-positive mothers will transmit HIV to their children.
A mother feels that she does not have time to exclusively breastfeed because she has so many other things to do.	In order to exclusively breastfeed for six months, mothers need time and support. Breastfeeding a baby 10-12 times a day takes time and cannot be expected along with a mother's normal workload. Family members can help women with their other responsibilities so mothers can focus on feeding their babies and on their own health.	Social norm: Mothers do not receive the support and help they need to exclusively breastfeed.

Potential performance topics	Factual information and recommendations	Barriers to recommended practices (attitudes, practices, misperceptions, and norms)
<p>A busy mother is doing multiple tasks at the same time and does not remember to wash her hands before feeding her 7-month-old baby.</p>	<p>Contamination of food with germs causes diarrhea and other illnesses that cause children not to grow well. Good hygiene, safe water, and proper handling, preparation, and storing of foods are crucial to prevent illnesses. Caregivers should wash their hands with soap and water: (1) after cleaning the infant or young child who has defecated, (2) after helping the child use the toilet, (3) after going to the toilet themselves, (4) before touching food and feeding young children, and (5) after handling refuse. Where soap is not available, hands can be washed with ash and water.</p>	<p>Practice: Mothers have multiple responsibilities during the day, and it is challenging to remember to do everything.</p>
<p>A mother with a 15-month-old child has just found out she is pregnant. When she tells her sister, the sister tells her that she needs to stop breastfeeding immediately.</p>	<p>Pregnant mothers can continue to breastfeed safely. The mother needs to be encouraged to eat more times a day for her own health and to support both breastfeeding and the pregnancy. After the new baby is born, it is perfectly safe to breastfeed both children and will not harm either one—there will be enough milk for both.</p>	<p>Misperception: A mother who is pregnant should not breastfeed, sometimes because of a belief that the breastmilk is dirty, or will harm the breastfeeding baby or the baby in the womb.</p>
<p>A baby is sick with diarrhea and vomiting. The neighbor suggests not giving any food, water, or breastmilk so that he will stop.</p>	<p>Baby younger than 6 months: If the baby has diarrhea or fever, the mother should breastfeed exclusively and frequently to prevent dehydration or malnutrition. Breastmilk contains water, sugar, and salts in adequate quantities, which will help the baby recover quickly from diarrhea.</p> <p>Baby older than 6 months but younger than 2 years: If the baby has diarrhea or fever, the mother should breastfeed frequently to prevent dehydration or malnutrition. She should also offer the baby bland food (even if the baby is not hungry). The mother should continue to breastfeed and give 10 days of zinc supplementation with oral rehydration solution.</p>	<p>Misperception: When babies are sick, they should not breastfeed.</p>
<p>There has just been an earthquake, and although the immediate family is safe, there has been considerable damage in the area. A mother is very worried about her other family members and is upset. She does not think she should breastfeed her baby because she is worried her milk has spoiled because of her stress.</p>	<p>Breastmilk does not spoil because of a mother's emotions, and production does not decrease, but milk may not flow well for a short time. If a mother continues to breastfeed, milk flow will start again. Encourage her to try to relax and breastfeed the baby.</p>	<p>Misperception: A mother who is under stress, angry, or scared should not breastfeed.</p>
<p>A mother has diarrhea and a fever. Her mother-in-law offers to take the 3-month-old baby away so she can rest and the baby does not get sick. She suggests that the baby not breastfeed and can have cow's milk until the mother is well.</p>	<p>When a mother is suffering from headaches, backaches, colds, diarrhea, or any other common illness, she should continue to breastfeed. When mothers are ill, they need to rest, eat well, and drink large quantities of fluids to aid in recovery. Breastfeeding can even help protect the baby from the mother's illness. If a mother does not get better, she should consult a doctor and say that she is breastfeeding.</p>	<p>Misperception: A mother who is ill should not breastfeed.</p>

Potential performance topics	Factual information and recommendations	Barriers to recommended practices (attitudes, practices, misperceptions, and norms)
<p>Family support for recommended practices/Communication and family relationships <i>Fathers and grandmothers typically have important and unique roles around the care and feeding of babies and young children. Family dynamics and relationships can be explored and examined during theater performances.</i></p>		
<p>The division of food and resources among different family members: A father is eating meat, while the pregnant woman or breastfeeding mother and young children are not.</p>	<p>It is important for women and children to eat meat frequently. Children need only small amounts and meat may need to be mashed for them to eat it, depending on their age.</p>	<p>Social norm: Women and children do not eat meat as frequently as men.</p>
<p>A mother has so many responsibilities, and limited time to prepare special foods and feed them to children. Other family members may be able to help.</p>	<p>Proper feeding and caring for babies and children takes time. Family members can help women with their other responsibilities so mothers can focus on feeding their babies and on their own health. It is better for family members to take on some of the mother's chores rather than care for the baby.</p>	<p>Social norm: Women are expected to take care of babies and young children by themselves.</p>
<p>A mother is not feeling well and asks her husband to feed their 9-month-old baby.</p>	<p>Social norms and expectations around caring for babies and young children often suggest that men should not feed young children. Many men who do feed their babies and help care for them in other ways report enjoying spending the time with their baby.</p>	<p>Social norm: Expectations around caring for babies and young children often suggest that men should not feed and care for young children. The role of men is to provide financial support, while women are responsible for feeding and caring for babies. Men are sometimes not aware of the amount of time, money, and work that is required for feeding small children, since it is outside their role.</p>
<p>A young baby is sick with fever and diarrhea and the mother wants to take the baby to the health center. The grandmother wants to take the child to a traditional healer. The father wants to wait and see how the baby does in a few days, rather than pay for transport to the health center in case he will improve.</p>	<p>Many children die at home from pneumonia and diarrhea because they do not get treatment. A child's life is in danger if she or he has several watery stools within an hour, or if there is blood in the stool. Immediate help from a trained health worker is needed. In addition, if a child is breathing more quickly than usual, it is important to take the child to a health worker immediately.</p> <p>Parents should immediately seek help from a trained health worker when a child:</p> <ul style="list-style-type: none"> • Vomits frequently. • Has a fever. • Is extremely thirsty. • Is unable to drink or eat. • Has convulsions or loses consciousness. • Is breathing with difficulty or gasping for air. • Breathes in and the lower part of the chest sucks in, or it looks as though the stomach is moving up and down. • Has had a cough for more than three weeks. • Is unable to breastfeed or drink. 	<p>Misperception: Illnesses are common and not urgent.</p>
<p>A mother asks her husband for more money to buy extra food for preparing complementary foods and healthy meals for herself while she is breastfeeding. He refuses.</p>	<p>It is important for the health and development of young children and pregnant and breastfeeding women to eat adequate amounts of healthy foods. Making these changes is not expensive, but helps improve nutrition.</p>	<p>Social norm: Women do not have decision-making power. Men do not feel that women or children need special foods.</p>

Potential performance topics	Factual information and recommendations	Barriers to recommended practices (attitudes, practices, misperceptions, and norms)
A pregnant woman wants to avoid strenuous labor around the house, but her mother-in-law and husband think she is being lazy.	Rest and avoiding hard labor during pregnancy helps women to carry a pregnancy to term and to have a healthy, normal-size baby. Heavy work can cause a baby to be born too early. Family members can help pregnant women during this time, for the mother's health and the health of the baby.	Attitude: Women use pregnancy as an excuse to get out of doing their work and other household responsibilities.
A father comes home with a tin of infant formula to present to his wife for their 3-month-old daughter. The wife does not want it and the husband becomes upset.	Breastmilk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first six months of life. Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed. Giving other foods and liquids (including animal milk and water) to babies during the first six months is very dangerous for their health and can make them sick. Human breastmilk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow's milk because animal milk is different for each animal.	Misperception: Babies who are fed infant formula or animal milk grow faster, sleep longer, are more content, and are fatter and healthier than breastfed babies.
A mother wants to keep some fruits, vegetables, or eggs for the children to eat; the father wants to sell all of them.	It is important for the health and development of young children and pregnant and breastfeeding women to eat adequate amounts of healthy foods. Making these changes is not expensive, but helps improve nutrition.	Social norm: Women do not have decision-making power. Men do not understand the need for children to eat these nutritious foods.
Cultural practices and social norms		
A woman has just given birth and the traditional birth attendant advises her to wait to start breastfeeding until her milk comes in/lets down.	The first milk (colostrum) protects infants from diseases and is like the first vaccine. Breastfeeding immediately helps expel the placenta more rapidly and reduces blood loss, helps expel meconium (the infant's first stool), stimulates breastmilk production, and keeps the newborn warm through skin-to-skin contact.	Misperception: Colostrum should be discarded because it is not good for the newborn baby.
A mother is holding her 4-month-old baby while eating with her friends. Her friends comment that the baby is looking at the food and they can tell the baby wants to try it by looking at his eyes.	Breastmilk is the perfect food for babies for the first six months of life. During this time, breastmilk has all the food and water that a baby needs. If a baby seems interested in food that other family members are eating, offer the baby a spoon to play with.	Misperception: Babies need and want other foods and liquids before 6 months of age.
Taboos around food for pregnant women.	Pregnant women and breastfeeding mothers can continue to eat and drink normally for the most part. Alcohol and smoking should be avoided during pregnancy because they can harm the health and growth of the fetus. Avoid drinking tea and coffee during meals; they change the way the body uses food, and it is better to take them one or more hours before or after a meal.	Misperception: There are certain foods and drinks that mothers must avoid during pregnancy and breastfeeding.
A woman does not think she should breastfeed because she does not eat well herself and believes she cannot make good-quality breastmilk.	Almost all women can produce good-quality breastmilk, even when they do not eat well or enough themselves. Mothers need to eat extra food for their own health. If the baby suckles, the mother can produce milk.	Misperception: The kinds and amount of food a woman eats affects the quality and amount of her breastmilk.

Potential performance topics	Factual information and recommendations	Barriers to recommended practices (attitudes, practices, misperceptions, and norms)
A health worker is advising a mother how to feed her 9-month-old baby, but the mother keeps giving reasons why each food is not right for her baby.	Animal-source foods are very important. Start animal-source foods as early and feed as often as possible. Cook well and chop fine. Babies can eat well-cooked and finely chopped eggs, meat, and fish even when they do not have teeth. It is normal for stools to change color when a child eats different foods; it is only a concern when stools are loose and watery and the child has diarrhea.	Misperception: Some foods should be avoided because babies cannot chew them (meat), or because the foods cause their stools to change (addition of new food, carrots, iron-rich foods), or the food gives them gas (vegetables) or worms (fruits).

ENSURING HEALTHIER MOTHERS AND CHILDREN

Good care and feeding practices early in a child's life can pave the way for a strong, healthy future. It is essential for mothers, caregivers, family members, and communities to have accurate information on how women should eat during pregnancy and breastfeeding and how best to feed and care for infants and young children. They also need a supportive environment that encourages these recommended nutrition practices. We can save children's lives and increase economic opportunity by supporting recommended nutrition practices that can improve the health and well-being of mothers, infants, and young children.

REFERENCES

- Stephens-Hernandez AB, Livingston JN, Dacons-Brock K, Craft HL, Cameron A, Franklin SO, Howlett AC. Drama-based education to motivate participation in substance abuse prevention. *Substance Abuse Treatment, Prevention, and Policy*. 2007;2:11.
- Schubert J. Family planning uses traditional theater in Mali. *Development Communication Report*. 1988;(61):1, 16, 15.
- Bosompra K. The potential of drama and songs as channels for AIDS education in Africa: a report on focus group findings from Ghana. *International Quarterly of Community Health Education*. 2007-2008;28(2):127-151.
- Perry CL, Zauner M, Oakes JM, Taylor G, Bishop DB. Evaluation of a theater production about eating behavior of children. *The Journal of School Health*. 2002;72(6):256-261.
- World Health Organization (WHO), United Nations Children's Fund, Academy for Educational Development. *Learning from Large-Scale Community-Based Programmes to Improve Breastfeeding Practices*. Geneva, Switzerland: WHO; 2008.
- National Cancer Institute. *Theory at a Glance: A Guide for Health Promotion and Practice* (Second Edition). Bethesda, MD: United States Department of Health and Human Services, National Institutes of Health; 2003.
- Family Health International (FHI). *Theater-Based Techniques for Youth Peer Education: A Training Manual*. Arlington, VA: FHI; 2005.
- Moyo FF. Drama: an appropriate tool in development support communication. *Africa Media Review*. 1997;11(1):92-105.
- Blair C, Valadez JJ, Falkland J. The use of professional theater for health promotion including HIV/AIDS. *The Journal of Development Communication*. 1999;10(1):9-15.
- Infant & Young Child Nutrition Project. *Trip Report: Nutrition Demonstration Project in Zambia. Kabwe Nutrition QI/Collaborative Demonstration Project: Progress Report, 3rd Site Visit: February 6-20, 2011*. Lusaka, Zambia: PATH; 2011.
- Infant & Young Child Nutrition Project. *Improving Nutrition Counseling Across the Continuum of Care: Demonstration Project Emphasizes Strong Linkages Between Nutritional Support Activities at the Community and Health Facility Levels*. Washington, DC: PATH; 2011.
- WHO, nutrition experts take action on malnutrition page. World Health Organization website. Available at: http://www.who.int/nutrition/pressnote_action_on_malnutrition/en/index.html.
- Scaling up Nutrition: A Framework for Action*. September 2010. Available at: <http://www.thousanddays.org/wp-content/uploads/2011/05/scalingup.pdf>.
- Bryce J et al. Maternal and child undernutrition 4: effective action at the national level. *The Lancet*. 2008. Cited in: *Scaling up Nutrition: A Framework for Action*. September 2010. Available at: <http://www.thousanddays.org/wp-content/uploads/2011/05/scalingup.pdf>.
- Katona P, Katona-Apte J. The interaction between nutrition and infection. *Clinical Infectious Diseases*. 2008;46:1582-1588.
- Impact of Malnutrition page. Mother and Child Nutrition website. Available at: <http://www.motherchildnutrition.org/malnutrition/about-malnutrition/impact-of-malnutrition.html>.
- Favin M, Griffiths M. *Communication for Behavior Change in Nutrition Projects: A Guide for World Bank Task Managers*. Washington, DC: The World Bank; 1999.
- Save the Children US. *Behavior Change: The Key to Effective Relief and Development Programs. Training Program Staff to Design Behavior Change Strategies*. Addis Ababa, Ethiopia: Save the Children; 2005.
- PATH. *Magnet Theater: A Guide for Theater Troupes*. Nairobi, Kenya: PATH; 2007.
- CARE Window of Opportunity-Maternal Nutrition Project. *Preparation of Trainer's Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics. Instructional Planning Training Package*. Atlanta, GA: CARE.
- United Nations Children's Fund (UNICEF). *Facts for Life*. New York, NY: UNICEF; 2010.
- United Nations Children's Fund (UNICEF). *The Community Infant and Young Child Feeding Counselling Package*. New York, NY: UNICEF; 2010.

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