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Reports Of Working Groups
Report On Working Groups

Dr. C. MAHMOUDI

General

As it was suggested by the program format of the seminar, participants were required to attend two workshop sessions. Participants were divided into two groups, i.e., Group A and Group B. Both groups were scheduled to meet simultaneously in different conference rooms. Group A agreed and met also for several hours, to complete the assignment. Both groups were asked to discuss the topics which were assigned to them and finally to produce one or more scripts for a medium of mass communication with a specific target audience in mind.

As the resource persons, Pr. Michel Manciaux, Dr. Paul Vesin, Dr. E. Emrich and Dr. Eurfron Jones were assigned to Group A; and Dr. Edith Grotberg, Dr. Kambiz Mahmoudi, Dr. Mira Aghi and Mr. Peter Seow cooperated with Group B.

Topics For Discussion And The Preparation Of Scripts:

Topics assigned to Group A were Breast feeding and Immunization, for Group B Early Stimulation and Prevention of Children's Accidents - were the subject of discussion and script writing. Each subject matter was treated separately in sessions I and II of each group.

Group reports were presented to the seminar participants during the final plenary session.
REPORT OF GROUP A

A. BREAST FEEDING

Based on the technical documents which were presented by the experts to the participants, Group A took a special notice of the following facts:

- The decline in breast feeding is becoming a serious problem especially in urban areas of the developing countries.
- Breast feeding must be integrated as a policy into the existing health and nutrition services.
- Guidelines must be set to promote and encourage breast feeding.
- Mothers are to be encouraged to breast feed as long as possible.
- Use whatever culturally acceptable means to contact the father or the family for a supportive role.
- Use appropriate mass media to give simple messages which support the breast feeding campaign.

Guidelines For Media Scripts:

1. An article to be published in newspapers or magazines for parents (Indonesia).

Introduction

An individual case study with which the reader can immediately identify.

Middle Section

A simple analysis of the problem. The cause of the decline. Simple key data about pros and cons of breast feeding and formula milk. Interviews with medical personnel edited and simplified by the editors.

End Section

Interviews with mothers who have already overcome different problems and giving their own views. Choose mothers among working and non-working groups.
2. An example of a radio and/or television drama script.

Story:
1. A man and a woman who recently migrated to the city accidentally meet in a factory. Romance develops and the two decide to live together but because they are too poor to afford a wedding, do so without the benefit of official marriage procedures.

2. Their first child is born and they experience more difficulties due to hospital/medical costs. Woman is compelled to continue working and the issue of bottlefeeding arises.

3. Woman discusses the problem with a neighbor who encourages her to see the nearest health center.

4. Woman discusses the comparative advantages and disadvantages of breast and bottle feeding with the health center doctor.

5. Doctor outlines proper procedure for breast feeding.

6. Woman presents problem of the need to work. Doctor sits down with the company doctor who brings up the issue with the management and union leaders.

7. Since there are other women working in the factory who are in the same situation, a day-care center is set-up right in the factory site under a cooperative system. Women take turns in looking after the babies and children under a flexible work schedule. Breast feeding breaks are allowed and the day-care room serves as a breast feeding area.

8. A civic organisation sponsors a "mass wedding" of 50 couples who are too poor to afford a wedding ceremony. Man and woman marry.

Story ends.

Dramatic Highlights:
- conflict between man and woman on the issue of whether she should work to supplement their income or stay home to breastfeed;
- the counseling approach of the doctor when woman breaks down as she narrates her problems;
- internal conflicts on the part of the woman concerning breast and bottle feeding and her concern for tradition and custom and desire to appear "modern".
B. IMMUNIZATION

For the subject of immunization the group was then subdivided into 3 sub-groups making sure that each group had a person from the media and a doctor. The sub-groups were asked to prepare a presentation on the three topics of importance:

1) Why immunize?
2) Correct misconceptions about immunization
3) What can happen if you don't immunize your child?

**Why Immunize at all?**

I. Diseases are dangerous. Some diseases like tetanus or measles could be fatal, particularly among malnourished children. They can also debilitate the child and impair physical and mental growth. The child suffers and the parents are distressed.

II. Diseases cost a lot to families and country. A poor family may be ruined or may feel guilty if good and timely care cannot be given to the child.

a) TV spot opens with a long shot of rows of mothers carrying sick children queing in a hospital.
   Voice: Treatment costs more (5 secs).
   Medium shot of a child's arm being inoculated.
   Voice: Prevention is cheaper.

b) Radio slogan
   Treatment costs more. Prevention is cheaper. Has your child received DPT immunization.
c) Poster: Treatment costs more. Prevention is cheaper. Get your child immunized.

I. TV Spot

1) The spot opens with sound of a child coughing and in the background is the sound of a weeping mother. There is a medium shot of a sick child lying on a bed and a mother and father sitting beside her. (5 secs).

2) Shot zooms in for a close-up on the distressed face of parents.

Voice: Whooping... where it strikes, you also suffer (5 secs).

3) Close-up shot of a child's arm being innoculated.

Visual uttering.

Voice: Don't let it happen (5 secs).

II. Radio Spot

Spot opens with sound of a coughing child and the soft sob of a weeping mother.

Voice: Whooping cough... When it strikes your child you also suffer. Don't let it happen! Get your child immunized at your nearest health center.

III. Poster: When whooping cough strikes your child, you also suffer. Don't let it happen! Get your child immunized.
Suggested Script for removing certain misconceptions about immunization.

<table>
<thead>
<tr>
<th>Picture</th>
<th>Commentary</th>
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<tbody>
<tr>
<td>1) A picture showing head, shoulders and hands of a healthy 6 years old good looking girl holding a flower in her hand.</td>
<td>Bela (or any other native female name) is like a beautiful flower.</td>
</tr>
<tr>
<td>2) Full length picture of the same girl showing legs in calipers.</td>
<td>But she cannot run. She has Polio.</td>
</tr>
<tr>
<td>3) Group of children with polio.</td>
<td>Polio is caused by dangerous germs.</td>
</tr>
<tr>
<td>4) Mother holding a three month old baby. Doctor with stethoscope around his neck giving polio vaccine to the baby with a spoon</td>
<td>We now have a safe way of fighting these germs. The method is simple and cheap.</td>
</tr>
<tr>
<td>5) Face of a happy healthy three years old male child.</td>
<td>Bela's brother Raju (or any other native male name) shall not get polio because he has had polio vaccine.</td>
</tr>
<tr>
<td>6) Bela with her crutches and Raju who is shown running.</td>
<td>Unlike Bela, Raju can run and play.</td>
</tr>
<tr>
<td>7) A couple with a baby in father or mother's lap outside a hospital or an immunization clinic</td>
<td>God expects all good parents to do the best for their children. Protect your child against polio.</td>
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A short TV - Spot furthering readiness to immunize children.

<table>
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<tr>
<th>Picture</th>
<th>Audio</th>
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<tr>
<td>1) 01 lovely infants - close up</td>
<td>Lovely children full of future - will they grow up to healthy adults?</td>
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<tr>
<td>02 etc.</td>
<td></td>
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<tr>
<td>03 etc.</td>
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<tr>
<td>2) 01 Mothers with children, perhaps</td>
<td>Yes if their parents do their duty.</td>
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<tr>
<td>02 also a father, and immunizing</td>
<td></td>
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<td>03 doctors</td>
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<td>3) 01 child (infant in distress</td>
<td></td>
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<tr>
<td>02 mothers face, helpless</td>
<td>Sound of a coughing baby</td>
</tr>
<tr>
<td>03 sister trying to console the little one</td>
<td></td>
</tr>
<tr>
<td>04 infant becomes blue</td>
<td></td>
</tr>
<tr>
<td>05 picture stops to a still superimposed :</td>
<td>Sound stops during the still</td>
</tr>
<tr>
<td></td>
<td>Same procedure in the following cases.</td>
</tr>
<tr>
<td>4) 01 zoom on a child (3 years of age) with scars on his face</td>
<td>ticking of a clock</td>
</tr>
<tr>
<td>02 eyeball bulging out</td>
<td>Sound stops</td>
</tr>
<tr>
<td>03 picture stops, superimposed caption :</td>
<td></td>
</tr>
<tr>
<td>04 child in profile dissolving in a grown up</td>
<td>Sound continues</td>
</tr>
<tr>
<td>05 Young handsome man in the same profile turns his head towards camera : one sees one of his eyes is damaged</td>
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5) 01 pretty girl (15 or 16) close up perhaps manipulating in front of a mirror. Camera moves back to a total view: girl on crutches.

02 close up shoes feet and legs walking with crutches

03 picture stops superimposed caption

04 girl looking wistfully to

05 peers group of girls playing basketball or something similar

6) 01 Picture like in 2) 01 starting with polio-vaccine on sugar

02 etc.

03 etc.

04 one of the little infants looks towards the camera: Have you done your duty?

soft pop-music

music stops

music continues

giggling infants (background-sound)

polio-vaccine is sweet

life on crutches is bitter.
C. EARLY STIMULATION - INFANTS AND CHILDREN

Definitions

Early stimulation occurs when adults provide materials, experience, language and love to an infant, toddler or young child. The adults can be parents or other care givers.

Sequence of development is identified by stage-related behaviors and may be found in developmental charts. The rate of moving through the stages varies among children in different cultures, but the sequence is the same for everyone. The sequence applies to physical, language, intellectual and social-emotional development.

Basic Facts and Concepts

Children in poverty and immigrant children often need more stimulation for language, sensori-motor, and intellectual development than children not in poverty.

Parents can learn to provide the stimulation and the emotional support all children need to develop.

Preschool programs can supplement the parents in providing the stimulation and the emotional support all children need to develop.

Newborn babies can see, hear, taste, smell and feel.

The kinds of stimulation change over time as the child develops through a recognizable sequence of stages. Children develop at different rates, but in the same sequence:

- sitting before standing
- babbling before talking
- grabbing before manipulating, etc.

Things to Do

Express joy in wanting and having the babies - tell people how happy you are.

Express love to the babies - hold them, cuddle them.

Talk to the babies.
Play with the babies.
Praise the babies.

Newborn babies can see, hear, taste, smell, and feel. Stimulation builds on these basic facts.

**Language development**

Respond to infant's noises.
Talk with toddler and young child.
Add descriptive words.
Repeat words or phrases or sentences correctly.
Encourage young child to express him- or herself with words.
Read stories to young children.

**Sensori-motor development**

Provide objects for the infant to see and touch
Have toys or objects with color and different shapes for toddlers and young children.
Talk with them about the objects - name the shapes and colors.
Encourage eye-hand coordination in playing, building and eating.
Encourage using main muscles to crawl, stand, walk, run, skip, etc.
Encourage exploring the environment to see, hear, touch and play with things around.

**Intellectual development**

Guide young children in solving problems such as dressing and finding hidden objects.
Help young children see and hear the relationship between sounds and symbols for the sounds.

**Social-emotional development**

Hold infants, cuddle them.
Praise toddlers and young children for everything they do that shows accomplishment or advance in development:
- picking up objects
- holding blocks

Provide a secure, harmonious environment in the home and in the program.

**Physical development**

**Exercise**

**Nutrition**

Infant mortality is an indicator of quality of care of mother and infant.
**Attachment for magazine.**

**Love Begins At Home**

My child,

How do you feel in my arms,

Do you feel the essence of Love,

With this Love I hope you understand how I care for you.

The midwife hears the mother sing a lullaby to the newly born baby. She then knocked the door and this attract the attention of the young mother inside the house, and she opens the door.

When the midwife enters the room, the mother still cuddles the baby in her arms, and the midwife gives compliment to the mother.

The midwife says: "I am very happy to see how you take care of the child".

The mother replied: "This is the way we take care of the child, there is nothing special and it is natural for us, because we learn the song from the old folk".

The midwife said what you do is important, especially in developing the kind of love and relationship.

"I don't understand what are you talking about", says the mother in the astonish look.

Did you know that the newly born child can see, hear, taste, smell and feel, ask the midwife.

What... I don't understand this, can you show me how, asks the mother.

The midwife starts clapping her hands and the child looks around, with his eye turned to his mother and the midwife. She then explains to the mother that when the babies awake, he increasingly watches what surrounds him, he reacts to the sounds and he learns to raise his head.

The mother said it is interesting to hear more about this, and ask the midwife to visit again and give more information, so she can develop her child.

The midwife promises to be back again and will continue the other aspects of early childhood development and the important role of stimulation.
Note: this story is on the subject of Emotional Development.
The target of the story for mothers and midwife.
Media: Women's Magazine or Women's page in newspaper.
Attachement for radio script

Children's stimulation

Parents can learn to provide stimulation and the emotional support all children need to develop.

Talker: When parents are away from home, other adults, relatives, grandparents on a pre-school programme like day-care center provide stimulation. The parents can stimulate the language development of their children.

Parents could teach the language by responding to the infants' noises, talking with the toddlers, repeating the words correctly, reading stories to the young child and encouraging them to express themselves.

To teach a young child the alphabets, the parents can take the help of toys.

A large and red colored toy - letter "A" will attract a young child much more than a written letter "A" in a book.

Children can be stimulated in eye-hand co-ordination by playing with puzzles - where both the eyes and hands will coordinate and by building toy-train or toy-ship or to build bridges with blocks.

Parents can stimulate the intellectual development of their young children. They can guide them in solving the problems in respect of their dressing and hidden objects.

A short Radio Drama Script to be played by artists which follows the above script read by the radio announcer.

Porty house, noises of guests, background music, sounds of slow talks, sound of placing dishes on table etc.

Young child: Hello, everybody, how are you?

Father: John, my son, why you are here? Please go and see that everything is going well.

Child: Don't worry Papa, I have counted the number of chairs needed for the guests.
Father: (relief sigh) Thanks, you have solved my problems.

Child: Thank you Papa. I can do something for the family.

Father: Thank you my boy... music.

Script Ends

Radio Talkers: Parents can stimulate the social-emotional developments of their young children by holding them, by singing to them. The young child must be praised if he accomplishes something even very little things.

Parents can stimulate the physical development of the young child by encouraging them to crawl, stand, walk, run and skip in that sequence.
REPORT OF GROUP B

A. EARLY CHILDHOOD STIMULATION.

Script Development

Group B decided to be divided into four sub-group and each to develop a script for mass media with a specific target audience in mind.

Subgroup I., took the topic of "Parents can learn to stimulate children". This group, because of the background of some of their participants, produced a radio script. (see also p. 69).

Subgroup II., For this subgroup although it selected the same subject as subgroup I did, the medium of communication chosen was an article for newspaper.

Subgroup III., surprisingly enough, selected the same topic as did the first two subgroups, but channel of communication selected was television.

Subgroup IV., became interested in the topic "newborn babies can see, hear, taste, smell and feel". This subgroup prepared an article for a parent's magazine. (see also p. 67).

All four groups wrote their scripts for parents and care-givers as the Primary and Target Audience.
B. PREVENTION OF CHILDREN'S ACCIDENTS

This was the topic for Group B during the second session of the workshop.

At this period the group agreed to work collectively to review the technical documents which were presented to them earlier and also took special note of the morning general session, during which the cause, nature, and prevention of children's accidents were fully discussed.

The group in their four-hour sessions concluded that the awareness of dangers confronted by the young child must be recalled constantly to the parents, care-givers and also to the youngsters themselves.

All mass media must be utilized, messages must be very short and precise. Media to be used in South East and West Asia were found to be as follows.

- Posters
- Comics
- Village wall paintings
- Marionnet and puppet
- Painting on the sides of boats
- Cover of wrapping bags
- Text books of elementary and secondary schools
- T-Shirts
- Cover of children's note books
- Calendars
- Short radio spots
- TV spots
- Postal stamps
- Post cards
- Commercial advertisements placed in the sport fields, particularly in football stadiums.
A COMMUNICATION SUPPORT PROGRAM TO ENCOURAGE BREAST FEEDING

I. The Situation

1. 1980 - Today, millions of people are alive because they were breast fed.

2. Studies have shown that breast feeding is more advantageous than bottlefeeding. Some of the advantages of using mother's milk instead of bottle milk are:
   a) breast milk has protective substances in addition to necessary nutrients also found in bottle milk.
   b) breast milk seems to lessen the risks of allergies, and possibly, obesity and atherosclerosis.
   c) breast milk is perfectly suited to the developing needs of an infant.
   d) it is cheaper than bottle milk.
   e) etc. etc. (please see relevant ICC documents and literature for more details on the comparative advantages and disadvantages of breast and bottle milk).

3. Studies have also shown that the practice of breast feeding is declining rapidly, most especially in urban poor areas due to several system/structural, sociological, psychological and communication factors. Some of the more significant factors include the following:
   a) system/structural factors
      i) the absence of strong policy support to the practice of breast feeding.
      ii) the medical establishment does not encourage breast feeding.
      iii) due to lack of professionally trained personnel, hospital procedures are not partial to labor-intensive requirements of breast feeding.
      iv) "working conditions" in most developed and less developed countries do not consider the need for mothers to breast feed e.g. there are no breast feeding rooms/- breaks at places of work, no flexible working hours, etc.
      v) there is a fast growing market for bottle milk due to aggressive marketing strategies.
b) sociological factors

i) the number of mothers employed in office/factory work are increasing and are expected to increase as countries industrialize and rural to urban migration trends accelerate.

ii) social value or preference for bottle feeding is becoming stronger. More and more people see bottlefeeding as part of "modern" practice and breast feeding as "traditional" and "obsolete" practice.

iii) a "chain reaction" effect is created as more mothers shift to bottle feeding. Young mothers do not see a perceived need to breastfeed based on their own experience of bottlefeeding when they were infants.

c) psychological factors

i) since support services are missing for mothers, they do not receive strong psychic rewards to breastfeed.

ii) some mothers, especially in the West, are ashamed, disgusted or lacking in self-confidence to breastfeed.

iii) unsupported women often feel tired or stressful when they breastfeed.

iv) the existence of some misperceptions on breast feeding, eg. belief that breast feeding could lead to smaller breasts.

v) the breast's association with sex rather than motherhood.

vi) there is a readily available alternative practice (bottle-feeding) which also offers some advantages, eg. convenience, possibility of sharing responsibility to other members of the family.

d) Communication factors

i) there exists a widespread ignorance on the advantages of breast feeding over bottlefeeding most critically for:

a) policy/decision-makers in health/nutrition, and child/family welfare agencies and institutions.

b) medical/health professions

c) media practitioners

d) parents
ii) mothers lack specific information on how to breast feed properly.

iii) mothers have no say or communication with those laying down the rules and functioning of maternity hospitals; and consequently the lack of ante-natal education, institutionalized drugged births, mothers separated from their babies make it difficult for women to establish breast feeding.

4. On the other hand, although encouraging mothers to breast feed is an important issue, it has to compete for the attention of policy-makers with other, urgent health/nutrition and child/family welfare issues that command higher priority over existing scarce and strained resources.

5. Communication programs that encourage breast feeding do not enjoy a monopoly propaganda situation (the absence of an opposing communication program) as is the case in communication programs promoting universal values like cleanliness, beautification, etc. There is a strong and well-supported communication program that encourage the alternative to breast feeding.

6. The communication program supporting bottlefeeding, on the other hand, does not adequately consider some undesirable results of bottlefeeding such as:

a) financial difficulties in sustaining bottlefeeding sometimes lead to dilution of formulas or the use of poor substitutes like soft drinks and sugared water.

b) bottle milk given under insufficient hygienic conditions lead to serious gastro-intestinal disorders.

c) occasional cases of colic, thumb-sucking, orthodontic problems, impaired speech development, infections, allergies, intestinal intolerance to cow's milk etc.

II. Communication Strategy Considerations

a. Due to scarcity of institutional resources (manpower, skills, communication materials, etc) that could be harnessed for a breast feeding campaign, initial focus may be given to stopping negative action (existing medical and health services delivery practices and procedures that discourage breast feeding and/or encourage bottlefeeding. There are a lot of resources, on the other hand, in terms of mature, breast feeding mothers respected by their peers who can encourage breast feeding. What is important is to remove the "blocks" and work with parents and mother. There is a great need to listen to previously ignored-silent mothers.
b. Identification and use of existing services and organisations, both public and private, that are concerned with health/nutrition and child/family welfare case is necessary. Integration of breast feeding encouragement into these programs may be a more realistic approach than thinking of an independent effort to promote breast feeding.

c. A strong policy support to breast feeding practice is crucial. A clearly stated policy on breast feeding should be spelled out specifically stating behaviors that are to be required, encouraged, and what's to be discouraged, prohibited among medical/health practitioners.

d. Positive actions (eg. information campaigns) that would entail resource-intensive requirements may be initiated by private sectors/groups to encourage policy-makers to formulate and implement a policy on breast feeding. Information campaigns that may be subsequently conducted to reach the larger target groups (eg. urban poor women) perhaps can consider a low-key but sustained effort.

e. Subtle (almost subliminal) techniques may be utilized, eg. illustrated communication materials on family planning, nutrition, health, etc. may incorporate illustration of mother breast feeding as an integrated theme. No direct mention of breast feeding is necessary.

f. Information programs (for the personal and mass media approaches) should stress the family as a unit perhaps focusing on the neglected roles of husbands).

WORKING GROUP B : BREAST FEEDING

THE DECLINE IN BREAST FEEDING IS BECOMING A SERIOUS PROBLEM ESPECIALLY IN URBAN AREAS.

We would tackle it as follows:

There are three main target groups.

1. POLICY AND DECISION MAKERS.

2. PEOPLE IN DIRECT CONTACT WITH THE MOTHER BEFORE, DURING AND AFTER THE BIRTH.

3. THE FAMILY UNIT.
1. POLICY AND DECISION MAKERS

What do we want them to do?

a) To integrate breast feeding as a policy into the existing health and nutrition services.

b) To provide resources and personnel to carry out the above.

c) To set guidelines which promote and encourage breast feeding (See Appendix A).

d) To make full use of existing human resources - willing mothers and fathers who can contribute a lot.

By what means do we influence them.

1. By documents like those produced by ICC/H/HS.

2. Through seminars where the world is brought to them through showing examples of how other countries in the region are tackling similar problems.

3. Providing forums for them to make decisions (using local or external resources).

2. PEOPLE IN DIRECT CONTACT WITH THE MOTHER

What do we want them to do?

a) First to listen with respect, understanding and acceptance to mothers.

b) Encourage the mother to breast feed for as long as possible.

c) Prepare her and if necessary help her to overcome problems.

d) Identify mothers and mothers' groups, who have breast fed successfully and can lend support to others.

e) Use whatever culturally acceptable means to contact the father of the family to prepare him for a supportive role, eg. in postal natal depression.

By what means do we get them to do this?

1. In Service training. Through symposia, classes and demonstrations depending on the nature of the field worker. Using audiovisual aids of various degrees of sophistication and content diagrams, slides, tapes, films.

   Training in how to counteract and understand commonly raised objections, eg. through role play, through preparing a directory of questions and answers.
Train them to listen: eg. through role play, through observing or listening to "good" interactions between practitioners and mothers on film or tape or in the field. These would serve as models and help them examine their own attitudes and lead to greater self awareness.

2. Working with parent education groups concerned with antenatal education, birth and the early nurture of children.

3. FAMILY UNIT

What do we want them to do?

a) Mothers to breast feed with pleasure and conviction.

b) Mothers to eat and drink more when possible and family to help her do this.

c) Mothers and fathers to attend ante/post natal check up training regularly.

d) Family to feel comfortable about calling on support if needed.

e) Mother to encourage and help others to breast feed.

By what means do we get them to do this?

1. Person to person contact facilitated by the selection and training of mothers as parent counsellors.

2. Work for the establishment of good relationships with those in charge of the health services that directly affect mothers and families.

3. Use appropriate mass media to give simple messages which support the breast feeding campaign.

eg. integrate into soap operas,
use short sharp sell techniques of the advertisers,
use the 'stars' who are the leaders of fashion and therefore a pattern forming group.

Appendix A

Aide-Memoire or Policy Statement on Breast feeding

Policy statements in less developed countries on specific issues are often unclear, relatively unknown and misunderstood by government employes, media practitioners and the general public. To help solve this problem, simple policy guidelines should be prepared and distributed widely. Some possible guidelines that may be considered are as follows:
A. Requirements

1. Advertisers of bottle milk products may be required to state in their advertisements a cautionary statement that mothers' milk is best and that bottle milk is only second best.

2. Advertisers may also be required to be more careful in presenting instructions on formula preparation with emphasis on hygienic requirements and on warnings against dilution of formulas or use of poor substitutes like soft drinks.

3. Medical/health practitioners to undergo training on the subject of breast feeding and to encourage its practice in all medical/health services delivery points.

B. Encouragements

1. Advertisers may be encouraged to market this products to nursing mothers, too.

2. Encourage government information officers, media practitioners to give all possible exposure to the proper practice of breast feeding.

3. Encourage and support civic organisations concerned with promoting breast feeding.

C. Discouragements

1. Discourage government information officers and media practitioners to present materials that are supportive of bottle-feeding.

D. Prohibition

1. Prohibit the display of bottle milk advertisements in government medical and health institutions/centers.