

‘Media messages save infant lives in emergencies’

Information for Communication Specialists in Humanitarian Organisations

The power of communications

The way in which emergencies are represented by the media has a fundamental influence on what is done, by whom and why. Inaccurate information can detract from the humanitarian effort while accurate information can positively affect the successful delivery of aid. Communication specialists in humanitarian organisations have the extremely difficult task of providing the media with a simple, yet compelling picture of what their organisation is doing in the aid effort. Describing aid that protects the wellbeing of infants can be difficult because the sort of support that helps them is mostly not in the form of goods. There is also much misinformation propagated about infant feeding in emergencies. This document aims to provide communications specialists with tools to promote beneficial aid and discourage harmful aid affecting infants and young children.

The problem with current media reports

The general public, and therefore the media, are intensely interested in the wellbeing of infants and mothers. However, media reports of emergencies often repeat a version of the following disaster myth: ‘breast milk dries up when mothers are stressed or when food is in short supply and so large amounts of milk are needed at emergency sites to ensure the survival of babies.’ The repetition of this disaster myth often results in the donation and distribution of infant formula, liquid and dried milk and milk products. This undermines safe feeding practices, promotes risky artificial feeding and will contribute to malnutrition, sickness and death of infants and young children¹. These actions contravene international recommendations and standards that state dried or liquid milk should not be distributed as a single commodity in emergency relief and that donations should not be solicited or accepted².

Media reports not only commonly contain inaccurate information, vital information that would help support the survival of infants and young children is usually missing. Although the vulnerability of children to diarrhoea is commonly described, the following points are seldom communicated:

- exclusively breastfed babies are largely protected from diarrhoea
- feeding babies under 6 months any food or liquid other than breastmilk will greatly increase the likelihood of them dying from diarrhoea or another infection
- the supply of any milk product should be tightly controlled so as to protect infants

Concerns about motherless babies are commonly reported by the media however, such reports generally lack the following information:

- the first option for feeding motherless babies is usually to find a wet nurse³
- mothers can be assisted to restart breastfeeding at any time

¹ For example during a flood in Botswana in 2005-6 more than 500 infants and young children died from diarrhoea. It was found that children who were artificially fed were 50 times more likely to present for hospital treatment than those who were breastfeeding. More information can be obtained via links at the end of this article.

² Sphere standards, Operational Guidance on IFE. UNHCR policy.

³ A woman who breastfeeds a baby that is not her own.

- artificial feeding in emergencies is extremely difficult and dangerous and so infant formula should be used only as a last resort and accompanied by intensive support

Any description of the type of aid that helps mothers to save their babies' lives is rarely found in media reports. Mothers need:

- safe, and sometimes private, places to care for their babies and young children
- skilled breastfeeding counselling
- priority access to food, medical care and other resources
- livelihoods support that enables them to keep their babies close to them

Myth busting and fact building with the media

Communicating accurate information about infant and young child feeding in emergencies in press releases can help neutralise common false ideas and promote life saving interventions. Countering the infant feeding disaster myth is a priority. Journalists need to know that breastfeeding is NOT fragile or unreliable, mothers' milk does NOT dry up due to stress or lack of food and donations of infant formula or other milk products are NOT needed to ensure the wellbeing of infants and young children. Information about the harm of milk donations and distributions must also be communicated immediately the emergency occurs; once a problem with donations is identified it is too late to prevent harm. Prevention of donations is the first step in protecting infants and one in which communications specialists have a leading role. Journalists also need to know what WILL help mothers and babies. The last page of this document contains some examples of phrases that could be used in press releases to promote effective aid to infants and young children.

Framing infant feeding in emergencies

The dramatic and emotive stories of identified individuals can be used to frame the provision of accurate information on infant feeding and increase uptake of information by journalist. Such stories might include:

- the bravery and resilience of heroic mothers who continue breastfeeding their infants in exceptional circumstance
- the tragedy of babies who have suffered because of donations of infant formula
- women who are wet nursing motherless babies in addition to their own or mothers who have relactated in order to save their babies' lives

Representing the partnership between mothers and aid organisations

The starving baby needing food and the hero who brings it, is a recognized folk narrative of disasters. However, it is mothers who are best placed to protect their babies from illness and death. The role of aid agencies is not to be the "hero" but to ensure that mothers' are supported and not thwarted in caring for their children. Disregarding women's capacity to protect their children breaches the Red Cross Code of Conduct for the Representation of Aid Recipients. The mother-aid organisation partnership should therefore be central in any presentation of aid being provided to infants and recognized in press releases. Breastfeeding should be represented as a sign of strength not vulnerability: providing children with a safe and secure food and water supply that supports the child's own immune system and directly helps to prevent and fight infection.

Effective communication about infant feeding

For many years breastfeeding promotion has focussed on the message that “breastfeeding is best.” It is now known that this strategy is counter-productive and does not communicate the importance of breastfeeding and the risks of artificial feeding. Thus, breastfeeding should not be described as best, healthier, or optimal for babies but as essential, indispensable, vital, critical, crucial, central or necessary for the health of babies. Infant formula should not be described as less healthy for babies or not as good as breastmilk but as risky, dangerous, hazardous, inferior, deficient or life threatening.

Conclusion

Infants and young children are the most vulnerable group in any emergency and their needs deserve special attention. Communication specialists have a vital role in saving the lives of infants and young children in emergencies. They can prevent harmful aid and promote helpful aid through their interactions with the media.

Sample phrases for press releases:

Donations of infant formula and powdered milk will harm mothers and infants; donors can help babies by making monetary donations.

Donated infant formula has been distributed in the emergency area. Medical services are reporting that they have seen many babies who are critically ill because they have been fed this formula. Our organisation is exhorting donors not to send infant formula or powdered milk.

Babies are suffering because donations of infant formula have been distributed.

Diarrhoea is especially dangerous for infants. Supporting mothers to exclusively breastfeed their babies and avoid the use of infant formula or powdered milk maximises their chances of survival.

Feeding babies under 6 months old anything other than breastmilk increases the chances that they will get sick and die. Breastfeeding counsellors are helping mothers to keep breastfeeding.

Even where clean water is provided, artificially fed infants are much more likely to succumb to diarrhoea and death which is why prioritising support for breastfeeding mothers is important.

Stress does not prevent women from making milk for their babies; it is extremely important that breastfeeding women not be given any infant formula or powdered milk.

Wet nurses need to be found for babies who are separated from their mothers.

Additional rations are being distributed to lactating women. This will assist them to continue to breastfeed their babies and so protect their babies from diarrhoea.

It is important to support breastfeeding women because breastmilk provides infants with food security, a safe water supply and factors that fight infection- all of which are life saving.

Infant formula has been distributed to the small number of babies who cannot be breastfed. Carers are also given water, fuel, education and medical care to minimise the risks of formula feeding. Ensuring that all babies born after this emergency are exclusively breastfed is a priority.

Birth kits being distributed to pregnant women include educational materials that encourage mothers to start breastfeeding immediately after birth to protect themselves from excessive bleeding and their babies from infection.

Safe places have been established for mothers to bring their children and receive psychosocial support, health care and breastfeeding counselling. Helping mothers helps them protect their babies.

Material has been given to mothers so that they can make baby slings that will help keep their babies safe and easily breastfeed.

It is fortunate that most mothers affected by the emergency are breastfeeding. These mothers are providing their babies with safe food and water and helping to protect them from disease.

For further information

Guide for the Media on Infant and Young Child Feeding in Emergencies:
<http://www.enonline.net/resources/126>

Why infant formula causes death due to diarrhoea in emergencies:
<http://www.enonline.net/resources/101>

Module 1 on IFE. Essential orientation on IFE. V2.0, 2009. Includes series of online lessons.
<http://www.enonline.net/ife/orientation>

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