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SITE VISIT REPORTS

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TO: M. Latham, G. Solimano, B. Winikoff
FROM: V.H. Laukaran *VHL*
SUBJECT: Colombian Trip

cc: P. Van Esterik
J. Spicehandler
J. Post
A. Ritchie
E.K. Kellner

During my recent trip to Bogota to meet with Council field staff, I had an opportunity to meet with the Infant Feeding Study Group at Javeriana University to discuss progress on the Study and to provide some technical assistance on analysis of survey data. First, Belen and Adela took me to see three of the lower class and middle class communities where the ethnography took place. This was very useful in interpreting the survey data. On Tuesday, June 29, Belen received the first preliminary data runs and I was privileged to celebrate this with the group at Javeriana. An overview of the various components of the study and of the data analysis plans follows.

Ethnography

María Eugenia Romero was completing the ethnography report and proofreading it during my visit. It is my understanding that it is to be mailed in Spanish to the Consortium by July 15. María Eugenia appeared to be working very hard in an effort to complete this report and there was a lot of excitement among the team members about having conclusions from the ethnography.

Marketing

Belen and Adela were very unhappy about the performance of TAI since Adela's return from the December consultation in Norwalk. The main issues have been outlined in a previous letter to Giorgio and Beverly, but in essence Adela was greatly disappointed at having never received any material from AI, in particular the write-up of her work in December and the retail audit. Her agreement with AI was that she would receive a copy of this write-up for her approval. They are also very concerned about the results of the retail audit which was to be entered into the computer, processed, and analyzed at TAI. Adela delivered the raw data to AI and has since been informed that it was "lost in the computer." They have despaired of obtaining copies of their retail audit, although I assured them that we would do our best. They also need the map of Bogota used for the retail audit which is their only copy and was given to AI. Belen is therefore asking for the Consortium's assistance in obtaining from AI the map, the retail audit results (both data and analysis), and the state of the industry document based on Adela's work. They are very anxious to have Jim come to Bogota to provide technical assistance, particularly since some of the hypotheses about formula sample distribution, etc. do not seem relevant to the Colombia experience and they would appreciate assistance in the integration of the marketing analysis with the other aspects of the study.

Infant Feeding Practices Survey

Belen was somewhat discouraged by the delays in data processing which occurred because Javeriana would not release available funds to Belen for data processing until an official amendment to the original contract was received from the Population Council.

It was evident that everyone had worked very hard in order to get the first preliminary data tabulations in time for my visit. The data had not really been cleaned and edited, although we were able to look at the preliminary data, with the understanding that there were errors. My meetings with Belen, Adela and Maria Eugenia included reviewing preliminary data runs, discussing the Consortium data analysis memo in the context of the Colombian data, discussing the consumer behavior portion of the analysis in the light of the Colombian marketing practices, and discussing a set of specific hypotheses which were developed by the Javeriana group.

I was able to assist by helping in the interpretation of the preliminary data runs, making suggestions for ways to recategorize data for possible cross tabulations and for coding modifications.

Discussions of the Consortium data analysis memo focused on areas in which specific data variables were missing for production of the tables presented in our memo. Where this was true, we attempted to formulate alternate analytic strategies and substitute related variable that were available in the questionnaire.

I also suggested modifications to the consumer behavior analysis because none of the women had received infant formula samples, whereas much of our proposed analysis was based on sample distribution. Because a large proportion of the women reported that they selected a commercial infant food brand because of the advice of a physician, that particular variable can be expected to form an important part of the analysis. Medical infrastructure interview data can be used to make the link between company contacts and physicians and their advice to mothers on brand use.

Because no questions on maternal knowledge and attitude toward breastfeeding were included in the Colombian questionnaire, we will be unable to examine the effect of various determinants on knowledge and attitudes. It is to be hoped, however, that the high quality of the ethnographic work will provide an insight into maternal attitudes and beliefs, although it will not allow us to control this factor in multivariate analysis.

Future Plans

Although we are all aware that a lot of effort is ahead in cleaning and editing the data and in the analysis, it appears that we have every reason for confidence in the ability of the Colombian group to produce a useful and policy relevant report. They understand our plans to review a draft report prior to the November meeting and they plan to send data tapes for the comparative analysis by late July or early August, as soon as the data are cleaned and edited.

Belen would like to send Maria Eugenia to the November meeting since she wants someone to stay for the December review panel meeting. This would seem not to be the best plan in terms of data analysis since Maria Eugenia does not seem to be experienced in handling quantitative data.

There was limited discussion of the workshop plans, however, Belen has had some contact with the local UNICEF office and had in mind to discuss it with the UNICEF staff who have expressed an interest in infant nutrition. Since the recent elections, Belen's superior (Dean ?) was appointed to a high position in the Ministry of Health and it seems there will be a spinoff for Belen in terms of policy input and leverage. There was also some discussion of a regional workshop for Latin America, an idea Belen seemed to be interested in pursuing, possibly with UNICEF. In short, there are no firm plans for the workshop.

In summary, I feel that the visit was a useful one in terms of being able to assist Belen and her group with plans for the next stage of data analysis, and on the Consortium side in giving me a better understanding of the Colombian data and by seeing the ethnography communities and the context of infant feeding in Colombia. This should contribute to the quality of the analysis of the comparative data from the four countries.

cc: P. Van Esterik
J. Post
J. Spicehandler
E. K. Kellner
A. Ritchie

PRELIMINARY FREQUENCIES FROM THE COLOMBIAN DATA*
JAVARIANA UNIVERSITY

Characteristics of mothers

- 42% of the mothers had finished only 5 years of primary school
- 6% of the mothers had attended any university
- 75% of the mothers were less than 30 years of age
- 36% of the mothers were primiparas
- 14% of the mothers had resided in Bogota for less than 3 years

Health care

- 86% of the mothers had received some prenatal care
- 22% of the births took place in social security hospitals
- 43% took place in public hospitals
- 17% took place in private hospitals
- 10% of the births took place at home
- 10% of the mothers were delivered by caesarian section
- 42% of the mothers were using contraceptives

Feeding practices

- 57% of the women were currently breastfeeding at the time of the interview
- 94% of the index children were ever breastfed
- 76% of breastfeeding mothers reported breastfeeding on demand
- 61% of breastfeeding mothers were also giving other milk products
- 42% of breastfeeding mothers who supplemented said they did so because of insufficient milk
- 12% of breastfeeding mothers said they gave supplementary milk because of their employment
- The commonest reason given for selection of a particular milk product was physician recommendation.
- The median age of introduction of the other milks was 50 days
- The median age of introduction of other foods was about 80 days with a range of 75-90 days. (The median age of the baby at return to work was 56 days.)

*Frequencies are approximate and subject to error since the data were not yet cleaned.

Child health

5% of the infants had been hospitalized since birth (causes of hospitalization were fractures, meningitis, lower respiratory infections and rehydration in that order)

38% of the children had been ill during the 2 weeks prior to the survey (46% colds and 14% diarrhea)

Employment

25% of the mothers were currently working outside the home

35% had worked outside the home during pregnancy

The median time of returning to work was 56 days postpartum

Of the women who were employed, type of work was as follows:

27% domestic service

13% factory worker

8% secretarial

7% teacher

5% seamstress

4% sales

Of women who were working, 12% had taken their child to work.

15% of employed women reported that they were away from home more than 10 hours a day.

Advertising recall

43% of the women recalled some kind of infant food advertising

No one recalled infant formula advertisements

The ranking for the commonest advertisements reported was:

1. pureed fruit
2. commercial cereal
3. whole milk powders
4. farina

Environmental conditions

45% of the families lived in an apartment with shared kitchen and bath

33% lived in a single family home

15% lived in an apartment with own facilities

96% had electricity

91% had running water in the home

89% had sewage systems

74% had television

30% had refrigerator

and women who have lived more than 10 years in Bagmati, are less likely to initiate breastfeeding, do so for a shorter period of time, use breastmilk substitutes more, supplement earlier, and give milk insufficiency as a reason to discontinue breastfeeding.

- 3.2. The majority of women do not receive advice about infant feeding during prenatal and neonatal medical care.
- 3.3. Women who receive private health care are less likely to initiate breastfeeding, more likely to terminate breastfeeding earlier, and to supplement earlier than women who receive public or no health care.
- 3.4. Infant feeding practices of middle class women are more influenced more by advice from medical personnel and mass media than by personal contact with friends and relatives whereas low class women are more influenced by the latter.

4. Commercial

- 4.1. ~~The more commercial products women are aware of, awareness of a commercial product does not necessarily determine its use.~~ ^{The more they will use,}
- 4.2. Promotional activities by mass media, for ^{commercial} infant foods other than formulae, are reaching mothers and determine product use.
- 4.3. Product endorsement by medical professionals ^{influences} ~~determines~~ product use.
- 4.4. ~~See 4.2)~~

RESULTS

1. Health and nutrition of the infant

- 1.1. Higher frequency of preparations given to infants under 6 months of age does not improve ~~its~~ ^{their} nutritional status.
- 1.2. Infants who receive breastmilk for longer periods will have better health and nutritional status.
- 1.3. Herbs are used more frequently when infants are sick.
- 1.4. Dilution in Milk preparation ~~is associated with~~ ^{reflects on} a poorer nutritional status.

2. Consumer behavior and marketing

Marketing practices of

- 2.1. In relation to Decree 1220, multinational food companies are ^{in conformity with} ~~abiding by~~ ^{national} ~~legislation~~ ^{legislation} while ~~local~~ ^{regional} ~~ones~~ ^{companies} are not, both in labelling and advertising.
 ^{are less likely to conform to legislative mandates.}

4.4

- 2.2. Price is a determining factor of product use.
 More expensive commercial products are used more frequently by middle class families.

3. Infant feeding practices

- 3.1. In ^{the} past 5 years, mean duration of breastfeeding has stabilized and/or increased in low income women.
- 3.2. Formula-type milks are used ^{more often} by mothers of infants under 3 months of age; ^{whereas} family type and/or liquid milks are used for children 3-12 months old.
- 3.3. Given a choice, mothers are more likely to feed their infants "panela" ^{than} not sugar.

- 3.4. Women who are breastfeeding initiated food supplementation later than women who are not breastfeeding
- 3.5. Women who believe they have had insufficient milk are ^{more} likely to introduce ^{breast} milk substitutes during the first 3 months of life.

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INDONESIA REPORTS

FINAL

Trip Report - Indonesia

2/18-2/24, 1982

INFANT FEEDING STUDY

Giorgio Solimano, M.D.
Columbia University

New York, March 1, 1982

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1. Purpose

The purpose of the visit was to:

1. Provide on-site assistance for the Infant Feeding Survey fieldwork.

2. Assist with planning for data analysis.

3. Assess progress on the marketing study in light of the circumstances which have contributed to a considerable delay in this activity.

4. Discuss technical assistance necessary during 1982.

5. Discuss aspects related to the workshop, including the development of a formal proposal to be submitted to AID.

6. Review other technical aspects of the project in light of its development at the present time.

This report includes a detailed analysis of each of these areas as well as recommendations or tentative agreements reached with the country counterpart.

2. Infant Feeding Practices Survey

The Infant Feeding Practices Survey was initiated January 26 and is well underway at the present time. During November and December 1981 pretesting and modification of the survey questionnaire took place. Although some minor revisions were made after Dr. Fatimah's visit to New York, the decision to implement the survey without further pretests was made.

During January 1982 the survey questionnaire incorporating Consortium revisions was translated to Indonesian. The listing of households, identification of addresses, and counting of household members was also completed. A random sample of Semarang households was done which encompassed 3% of all blocks. These 67 blocks included a total of 57 villages. As a result 1500 households with index cases should have been identified. By February 15, 5 out of the 6 selected districts had been completed, and 819 index cases had been interviewed. However, an unexpected problem emerged due to underenumeration by lists of the number of households in each block. Only 70% of the expected households had been identified due to a difficulty in establishing the block limits in Semarang. A decision has been made to relist all households in the total number of blocks selected with the help of the Central Census Bureau in Semarang. The total number of interviews after relisting will reach 1300-1400.

According to the research team, the interviews are going quite well, the flow of the questionnaire is good, especially after the first or second day the Survey started. Each interviewer works approximately 4-5 hours per day. The interviews are performed after 1 P.M., once the women in the households have completed their daily activities and have taken lunch. The duration of the interview ranges between 45 to 90 minutes with a mean of approximately 60 minutes. Each interviewer should perform 2-3 interviews per day. In terms of supervision and quality control of the interviews, I suggested they use the same approach as in Thailand ("the thank" mechanism) by which supervisors return to a random sub-sample of households to reinterview the mother on selected questions. The Semarang team accepted this suggestion and will adopt it.

The survey is being performed by 20 interviewers (the 7 junior ethnographers, 5 nutritionists, and 8 teaching staff from the Public Health Department). Eight field supervisors are also involved in the survey. They are all senior physicians from the Departments of Public Health, Child Health, and Nutrition. One person, a public health physician, is in charge of the Central Headquarters providing the supervisors and interviewers with the list of interviews to be performed each day, and the location of the sites. This person also receives and conducts the initial review of completed questionnaires. Dr. Fatimah supervises the overall survey, but at the same time she acts as one of the supervisors and has also been doing some of the interviews herself: she feels that such field experience is needed in order to have an in-depth knowledge of the survey.

A central location for each block is being used for anthropometry, and examination of all children of that block is performed at the same time. They had to modify the scale and developed a better container to hold young as well as older children. Each field supervisor is using 1 of the 8 scales. Arm circumference is also being obtained and tapes developed by the Indonesian Pediatric Association are used.

On Saturday, February 20, Professor Moeljono and myself went to the field and participated in an anthropometry session. The mothers were very cooperative and enthusiastic about the study. The techniques used by the field staff were considered adequate and I had the opportunity to share with them their experience. Photos were taken at the site and will be shared.

No cases of children living away have been found. Two cases of adopted children were identified, and they are not included in the sample.

Several cases of deceased children have been reported, and no problems have been encountered with the mothers in answering the survey questionnaire.

The Infant Feeding Survey will be completed by the end of March.

3. Ethnography

A meeting with Dr. Nico Kana, Professor Moeljono, Dr. Fatimah, and Dr. Sumantri was held on Saturday morning, February 20. The purpose of this meeting was to review and update the progress of the ethnography. I shared with them Penny's memo. I pointed out that a draft of the report on Phase 1 of the Ethnography was due during the month of January. However, the report has not been completed to date.

We reviewed the state of the report in detail and the situation is as follows:

Chapter 1 has not been done. It will be submitted by Mr. Darmanto, but a date has not been established.

Chapter 2 is written but needs to be edited by Nico.

Chapter 3 is not written. However, they have defined responsibilities: Nico will write about 2 communities and Darmanto will write about the third community (the most rural).

Chapter 4 is in a state of development. Concerning Community #1, the writing has been completed except for the 24-hour recall. Community #2 is completely written, but needs editing. Community #3 has not been written yet, but it will be done by Mr. Darmanto in the near future.

Chapter 5 is written, but Nico expressed that they have to be very careful since there could be some overlapping with the content of Chapter 4. Some material already written for Chapter 5 will go into Chapter 4.

Chapter 6 has not been written.

Mr. Darmanto is away from Semarang until the end of February, but Nico said that they have already agreed to meet every Sunday for 2 hours in order to complete the report. It became clear during the discussion that a major limitation is their capabilities to translate the Indonesian version into English. Professor Moeljono agreed to provide the financial resources to start the translation next week, and the translation will proceed simultaneously with the writing of the incomplete or undone chapters.

The timetable agreed upon for completion of Phase 1 Ethnography is as follows: (a) a final draft in Indonesian for internal discussion will be ready by the end of March; (b) a translated version to English will be made available to the Consortium in April; (c) comments should be provided by Penny Van Esterik during May and early June; (d) if technical assistance can be provided by Penny during the last week of June or early July, she will have the opportunity to finalize the report on Phase 1 Ethnography with them in Semarang.

At the final meeting in Jakarta with Professor Loedin, it was concluded that substantive analysis of the Phase 1 Ethnography is crucial for inputs to the Infant Feeding Survey plan for analysis. Prof. Loedin was extremely interested both in the content and the outcome of the ethnographic analysis.

Professor Moeljono pointed out that the ethnographic component of the project was underbudgeted in the initial proposal, and this has caused some problems and will need to be taken into account for carrying out Phase 2 of the Ethnography. He also inquired about the possibility of having the final typing and reproduction of the report done in the U.S. given the high cost of such work in Indonesia and the lack of budget for it.

Concerning Phase 2 of the Ethnography, Professor Moeljono was unclear about the need for such a phase. However, after a detailed discussion, it became clear to him that this phase was necessary. Phase 2 will be focused, as suggested by Penny, on some priority issues emerging from Phase 1 Ethnography, as well as from the experience of the Infant Feeding Survey. However, due to the elections, as well as to the short time remaining, in the final meeting with Professor Loedin it was agreed that this phase could not start earlier than the middle of August. Technical assistance from Penny in July will be useful for developing and implementing this phase. A response to the questions asked by Penny in her last "Ethnographic Notes" will be answered by Professor Moeljono. Some intra-budgetary arrangement will be needed in order to provide resources for Phase 2 Ethnography.

The Infant Feeding Practices Survey will also be administered to the 55 families included in Phase 1 Ethnography. As agreed previously, these survey interviews will not be part of the overall analysis of the survey. However, they will provide valuable information which jointly, with the ethnography, will give a more comprehensive understanding of many features.

4. Marketing Component

4.1. In-Search Data

Two meetings were held with In-Search to discuss the scope of work and their accomplishments to date. Mr. Sparks raised as a central issue during the first meeting, the relevance and implications of the study, which were unclear to him. Given the fact that Nestle is one of their customers, he has been reluctant to approach Nestle on the subject. I gave him a full briefing on the background of this component, its goals and relevance to the country as well as internationally, and made clear to him that this project was being performed under the most strict, scientific and objective perspective. After discussing this issue he agreed to approach Nestle Co. in Indonesia in the very near future. It is my understanding that In-Search has already been able to approach other formula companies. He also

said that they had been trying to arrange a meeting with Dr. Tarwotjo, the Director of the Nutrition Department at the Ministry of Health. Other government departments outside the health sector have not been very useful and informative.

The retail audit to be performed by In-Search has been completed. He also mentioned that they have recently carried out a retail audit in 6 cities in Indonesia for other customers and for different purposes. He offered to provide Trost Associates and the Consortium with the relevant information on infant food obtained in such retail audits.

Although they had not received the product list of infant foods from Dr. Sahid, the retail audit had been done on infant foods and not only on formulas.

I requested an updated report of their activities, which they agreed to provide before my leaving Jakarta. (Attached) Their final report will be completed by the end of March.

Regarding In-Search impartiality, Professor Loedin at the final meeting raised the possibility that since Nestle was an important customer of In-Search, they would be biased and might even hold back some sensitive information they would receive. Even though I agreed with that possibility, it was my impression that at the present time Nestle would be more inclined to provide information for the project given the current international circumstances.

A copy of Dr. Sahid's letter to Al Ritchie dated December 4, 1981, in which he provides a list of infant foods to be surveyed, was given to In-Search.

4.2. Dr. Sahid's Scope of Work

Dr. Sahid and Dr. Wiratno, Assistant Researcher to Sahid, attended the first meeting at Diponegoro University. A detailed analysis was made of the progress of the marketing component under Dr. Sahid's charge. The situation is as follows:

(a) Input on the consumer behavior questionnaire for the Infant Feeding Practices Survey: The team feels that those inputs were valuable and timely for developing the final version of the consumer behavior questionnaire.

(b) Retail audit: According to Sahid, 321 retail stores exist in Semarang, most of which are small scale retail stores with only 3 or 4 drugstores and 3-4 department stores and supermarkets. Of the 321 stores, 100 will be audited and at least 30 will be interviewed according to a questionnaire developed by Sahid.

All drugstores and supermarkets will be audited and interviewed.

At the present time only 15 audits and interviews have been

performed. According to Sahid, there are limitations to obtaining the necessary information. Since most of the shops are owned by Chinese Indonesians, students fluent in Chinese are being used for the retail auditing. According to Sahid, interviews will be completed by the middle of March and a final report will be made available to Trost Associates and the Consortium by the end of May. I insisted on the need for Dr. Sahid to be in touch and to request any kind of technical assistance he may need from In-Search. He was not enthusiastic about this possibility, and experience has shown that he has not looked forward to such assistance.

When the retail store questionnaire was discussed and analyzed at the final meeting with Professor Loedin, he raised some questions in terms of the type and qualitative nature of the information being gathered. He also asked how the information obtained through this questionnaire would be analyzed. I was not able to provide a complete and satisfactory answer to these concerns.

(c) Health services infrastructure: This part of the study has not been carried out to date. During the meeting we discussed the different health personnel to be interviewed. According to the research team the "dukuns" should be interviewed because they are important providers of advice to mothers regarding infant feeding practices. A random sample by district should be included in the interviews. The team also raised the question of sales girls (promoters) who go house to house promoting different infant formulas, as well as "little corner shops" in which they provide free Milo and other cereals for Nestle. Regarding the interviews with physicians, midwives and administrators, both at government and private sector hospitals, health centers and private offices, Dr. Sahid did not have a clear sample size in mind. Some attempts were made at the meeting to define such a sample: 15 out of 40 midwives will be interviewed; 6 hospital health administrators will be interviewed. No decision was made regarding administrators of health centers. Twenty pediatricians practice in Semarang, 14 of them at the General University Hospital - 50% of them will be interviewed; 6 have primarily private practice, and all of them will be interviewed. Of the 12 obstetrician-gynecologists in Semarang, 10 are at the General Hospital - 50% of them will be interviewed, and the other 2 will also be interviewed. At the final meeting in Jakarta, the question was raised of how to select a representative sample not only in terms of the professionals themselves, but also covering the different activities they perform, i.e. pediatricians work a number of hours at the General Hospital but afterwards go to their private practice; the same is valid for obstetricians/gynecologists. There is reason to distinguish between their attitudes and practices in these different settings.

It became clear to me that no coordination has existed between Dr. Sahid and the rest of the research team. He has not shared with them the different interview questionnaires he has

developed; he has not discussed with them the type of personnel to be interviewed as well as the location of their practice. As a result of the meeting it was decided that coordination will be established, and a meeting of Drs. Sahid and Wiratno was scheduled with Drs. Fatimah and Sumantri for February 25 at 11 A.M. Before I left Semarang, Professor Moeliono told me that Dr. Sumantri, who is in charge of research activities at the University and another physician will be collaborating closely with Dr. Sahid in performing the health services infrastructure component of the study. This approach seems satisfactory and I expect it will be fully implemented in the near future.

(d) State of the Industry: Only 2 companies are located in the area of Semarang. One is Sari Husara and the other is Mirota, which produces Lactona. Dr. Sahid prepared a one-page report on the company Sari Husara,

At the final meeting in Jakarta, Drs. Loedin and Karyadi made clear their concern about the need to improve coordination between the marketing component and the other components of the study. They emphasized the importance of the marketing component due to the intensive penetration of industry and changes in infant feeding practices in urban and rural areas. As a result of the discussion we agreed that the fact that the retail audit and the health services infrastructure interviews have not been performed could permit a better coordination and integration of the marketing component with the other components of the study. We also agreed on the need for the country principal investigator to play a more important and direct role in supervising the marketing study and the coordination with the other components. Finally we discussed the need for technical assistance to be provided for the interpretation and analysis of the results once data is collected. It was also made clear that the marketing study will remain primarily as a "case study" given the dynamics of the marketing environment in Indonesia.

5. Data Analysis

At this point not much work in this area has been done in Indonesia. Provisional answers are available for some of the points raised in the January 21 memorandum on data analysis. They are as follows:

1. Computer facilities to be used: No answer at this point. A computer is available at Diponegoro University. However, it is not clear whether they have any experience at all with some of the programs including the SPSS package. The possibility of feeding the data into the computer in Semarang, but doing the actual data analysis at the larger computer facilities of the Nutrition Research Institute in Bogor will be explored. The final decision will not be reached until the statistician, Dr. Budloro, reports about the existing facilities.

2. & 3. Hardware and software to be used: No answer.

4. Responsibility for coding and entry of data, supervision and validation of this part of the work. It was agreed that the statistician responsible will be Dr. Budloro, but he will need some supervision and some kind of consultancy available to him during data management. As a possibility, Dr. Amsori was mentioned. He is from the Agricultural Institute of Technology in Bogor, and has extensive experience and training. His CV was requested and will be sent to the Consortium. It was agreed that no outside technical assistance will be needed concerning data management at this point.

5. State of planning for data analysis: No planning has begun. As a result of the meetings, a decision was made that Dr. Budloro should start holding regular meetings with the research team in Semarang to start planning for data analysis.

It became clear that priorities should be established for data analysis. Three of them were stated: (a) to comply with the project objectives; (b) to be of policy relevance to Indonesia; and (c) to facilitate and include the integration of other information (ethnography and marketing), in the infant feeding survey analysis.

6. Technical assistance needed from the Consortium: As in Thailand, it was agreed that the priority should be to get technical assistance on "content analysis" for the Infant Feeding Survey. That technical assistance should be coordinated with the assistance to Thailand and it was mentioned that the most appropriate date would probably be the second half of September or early October. Dr. Moeljono will request the technical assistance.

7. Availability of edited data tapes to the Consortium: No answer yet.

Based on meetings that will take place both in Semarang and Bogor to decide about the data management and plans for analysis, an answer to the memo on data analysis was promised by the end of March.

The Indonesian counterparts were in agreement with the budget of US\$12,800 for data analysis. However, it must be stated that approximately \$2,000 was spent last November for the anthropology seminar held in Semarang and charged to the item of workshops. This reduces the budget for data analysis to approximately \$10,800. A detailed budget for data analysis will be submitted with the revised request for the Year 2 contract in which the workshop item will be replaced by the data analysis item.

6. Workshop

The final workshop is considered of paramount importance by the Indonesian Ministry of Health. They were not enthusiastic about the changes suggested by AID/Washington regarding funding of the workshop and the involvement of a third party in its organization. Molly Gingerich from AID/Jakarta presented the two alternatives available for conducting the workshop: (a) What is called "limited scope grant agreement" in which AID/Jakarta will provide the funds to a national institution - in this case the Ministry of Health. Processing this proposal will take approximately 3 months. The Consortium consultants to attend the workshop would have to be funded through the EDC mechanisms proposed by AID/Washington. (b) To conduct and fund the workshop through the Consortium as an integral part of the project. Molly thinks this is probably the best mechanism provided the Population Council would not charge overhead on the workshop activity. A letter on this subject was sent to Tina Sandwani AID/Washington.

Professor Loedin was in favor of using the first mechanism of a "limited scope grant agreement" with AID/Jakarta. If that mechanism is to be used the budget for the workshop will have to be obligated before the end of fiscal year 1982 and processed before September 1982. A draft proposal will be prepared by a staff member of the National Institute of Health (Professor Loedin's staff), with the assistance of the Diponegoro project staff. The draft proposal will be completed by the end of March and sent to the Consortium for comments. These comments should be returned to Jakarta as soon as possible in order to submit a final proposal for a workshop sponsored jointly by the Ministry of Health and the Consortium.

In terms of content, the Indonesians see this activity as an important mechanism to raise and inform the awareness of policymakers as the priority target audience. Professor Loedin suggested the following format: Initially, one day for internal meetings among the project staff and the Consortium staff in Jakarta, followed by a 3-day workshop. The first day would be targeted to high level policymakers; the second and third day would be devoted mostly to technical discussion based on the results of the project; the final day would, again, be mostly for what he calls the "insiders," meaning the Ministry of Health staff involved, Semarang project staff, and Consortium staff to discuss future plans regarding the project itself.

The site of the workshop will be Jakarta, and the tentative date late April 1983.

7. Technical Assistance

The technical assistance to be provided by the Consortium in 1982 was discussed both in Semarang with Professor Moeliono and his team, and with Professor Loedin in Jakarta. Tentatively there was agreement that the technical assistance should be

focused on three areas:

1. Substantive analysis of the Infant Feeding Practices Survey to be carried out in September or early October 1982, closely coordinated with the same type of assistance to be provided in Thailand. They see the need to discuss the analysis of the Infant Feeding Survey as well as the integration of the other components of the study, both the ethnography and the marketing, in order to have a complete analysis of the project as a whole. Professor Loedin spent a significant amount of time in the final meeting discussing the issue of integration with both the Semarang group and myself. He is especially concerned about how the marketing results will be integrated into the overall results of the project.

2. Analysis and Interpretation of results of the marketing component: The Indonesian team seems to need someone, (if possible, to accompany the person providing assistance for content analysis of the Infant Feeding Survey) to work with the national counterparts in making maximum use of the results of the marketing component, its interpretation, as well as future policy implications. A trip by James Post was discussed, and it was my perception that they felt positively about such a possibility.

3. Ethnography: Given the fact that Penny will probably be attending the workshop in Singapore June 21-24, they reacted positively to the possibility of her extending the trip to Indonesia in order to provide technical assistance. Realistically, given the delay in producing the final report for Phase 1 of the Ethnography, it was clear that during this period the final report could be completed. A second objective for her visit would be to discuss the implementation of Phase 2 of the Ethnography according to priority objectives and guidelines already provided by her.

8. Progress and Financial Reports

From my first meeting with Loedin, as well as in Semarang, I raised the need for them to submit as soon as possible the Progress and Financial Reports. At the final meeting it was agreed that all drafts of existing progress reports will be summarized in one report to cover the period May 1981 - February 1982. Dr. Fatimah assumed responsibility to submit an English draft to Professor Loedin within the next two weeks.

As for the financial report, they also agreed to produce only one report covering the period May 1, 1981 - December 31, 1981. However I realized that in Semarang they do not have the necessary infrastructure to produce a complete financial report. Nevertheless, I made clear that the third payment will not be released by the Population Council unless the financial report covering the above mentioned period is submitted.

9. Budget

In the near future they will be submitting a revised budget for Year 2 (May 1 - December 1, 1982). The new budget will include a detailed budget for data analysis replacing the line item in the existing budget for the workshop.

10. Conclusions

Several general conclusions emerged from this technical assistance visit to Indonesia:

1. I was impressed with the quality of the research team in Semarang working under the direction of Professor Moeljono. They are not only technically capable, but they seem highly committed to performing the project and to ensuring a high quality outcome.

2. As for the marketing component, they considered it very important to the overall study. However, they are concerned about feasibility, especially considering what Dr. Sahid has accomplished to date. The decision was made before I left to strengthen the supervision over Dr. Sahid and to provide certain resources to him in order to better develop both the instruments and the actual data collection especially for the health services infrastructure.

3. Phase 1 of the Ethnography component has been completed. However, delays exist in drafting the report. It was my impression that Dr. Nico Kana is the best person to complete this task. Nevertheless, it has been difficult for him to get the necessary assistance from other members of the ethnographic team. The ethnographic component is perceived as important and is well understood by the other members of the team. They are committed to both the survey of families included in the ethnography and to implementing Phase 2 of the Ethnography. There exists a limitation in not only drafting the report but also in translating it to English, and this is an aspect which we must take into consideration when we establish deadlines.

4. Writing and translation to English seems to be a more severe limitation than we have understood. The staff is in some way reluctant and limited in fulfilling some of the agreements in terms of providing us with English translations. This is an aspect we must take into consideration in terms of how many letters, responses to memos, and drafting of documents they are able to absorb. We must also realize that some members of the group are overloaded with both fieldwork and paperwork. I think this applies particularly to Dr. Fatimah, who has taken major responsibility in the project.

5. The Ministry of Health seems progressively more interested in the results of the study. However, they may have a

somewhat different perspective since they are looking forward primarily to the use and application of the results of the study to the Indonesian reality and to the development of sound policies in infant nutrition. Both Professors Loedin and Moeljono have a clear idea of the overall study and they are aware of the challenge which lies ahead in terms of how to integrate the different components and disciplines in a meaningful way.

P.T. IN-SEARCH DATA
Jl. Nusa Indah No. 9
Tromol Pos 3020
Tomang
Jakarta Barat

23 February 1982

INFANT FEEDING STUDY : I N D O N E S I A

Progress Report: February 1982

I. DESK STUDY

a) Visits to Government Departments

Government Department have been visited as follows:

DEPT. OF HEALTH

- (i) the section dealing with regulations and registration of products in Indonesia. A list of all the infant formulae currently registered in Indonesia was obtained, and progress on the planned regulations on infant formulae discussed. A copy of the existing regulations. on sweetened condensed milk was also obtained for information.
- (ii) the section responsible for promoting breast-feeding in Indonesia. Discussions were held on any active measures which were or had been taken to promote breast-feeding including the training of health officers and the previous campaigns. Also any measures being taken to restrict the advertising of infant formulae.

DEPT. OF NUTRICIAN

Dr Tarwotjo still to be contacted.

DEPT. OF STATISTICS

Very little information available on imports/production as classification categories are insufficient.

DEPT. OF CONSUMER AFFAIRS

General discussions held including discussion of findings of unpublished research carried out in Jakarta in 1980.

b) Hospital Policy on Infant-feeding

About 10 hospitals and Puskesmas in Jakarta have been visited and enquiries

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11

made about their policies on infant feeding including the advice given to new mothers about breast/bottle feeding, the brands of infant formula used, visits/promotions from manufacturers, the contents of bottles given to bottle-fed babies (esp. relating to addition of glucose) and the general attitudes of nurses and mid-wives to breast/bottle-feed up. Posters and leaflets on breast-feeding or infant formulae were noted. Depth interviews were also carried out on a small sample of women who had recently given birth in a variety of hospitals/puskesmas in Jakarta. Details of the information/advice given at ante-natal checks and in the hospital/puskesmas on the advantages of breast/bottle-feeding was noted, along with the advice given, at post-natal check's on feeding of the child in its first few months.

A small sample of nurses/midwives were also interviewed to establish their attitudes to breast/bottle-feeding and to try to ascertain what they are taught about breast-feeding when training.

c) La Leche and other breast-feeding groups

The Jakarta branch of the American La Leche League, who aim to promote and educate mothers on breast-feeding, was contacted along with the equivalent Indonesian group, affiliated to the government P.P.A.C. Both groups were found to be very small and reaching only a very small elite minority of the population.

d) Magazine/Press Search

Copies of Warta Konsumen, the main parents/women's magazines and newspapers for the past few years have been searched for any articles on breast/bottle feeding and a list of titles of such articles prepared.

e) Previous Research

Reports of available research on infant feeding have been collected where possible. Prof. Tumbelaka at the University of Indonesia still to be contacted, although major report written by him already received.

f) Policies of Manufacturers of Infant Formulae

Manufacturers still to be contacted. The difficulty of this has been discussed with Trost Associates. Unicef has been contacted and references in Department of Health obtained. Already newspaper has supplied data on published articles which indicate the current position of the mass media

II. TRADE STUDY/RETAIL AUDIT

Progress on this part of the study has been limited because we have been awaiting details of Dr Sahid's activity in Semarang. However, a list of the name of products and the prices of infant-formulae available in the largest supermarkets in Jakarta has been drawn up, and photographs taken of displays of these products in a variety of supermarkets/apotiks throughout the city, along with photos of any promotional material.

The In-Search Distribution Check, carried out in November 1981 in 6 cities will provide much useful data for this part of the study. The survey is of over 3100 shops and the findings covering infant formulas and food is being made available.

Mr. Alon F Ritchie
Trost Associates Inc.
535 Main Avenue/Norwalk
Connecticut 06851
USA

Dear Mr. Alon Ritchie,

I just received your telegram sent by USAID. Dr. Fatimah told me that she intends to go to New York next Monday. So, I try to supply informations regarding with our research program in Semarang. When Dr. Penny visited Indonesia, we have discussed and automatically revised the questionnaires on consumer behavior. We had tried to translate it into English and she bring with her that questionnaires in Indonesian language. I hope you have received it and you can get the idea inside and so it's possible for you giving your comments.

Regarding with the full list of products to be studied (formerly I had sent this list by mail). The categorizing of those products are as follows:

I. Infant formula.

(1) humanized formula :

- SGM	- Lactona	- Vitalac
- E26	- Infamil	- Morinaga
- Meiji	- Lactogen	- Camelpro

(2) full protein formula.
- Alacta NF

(3) full cream powdered milk

- Klin	- Danacow	- Frisian Flag
- Klin Instant	- Danacow Instant	

(4) Special formula.

- LHM	- Prosobee	- Nutricia Camelpro
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II. Dairy products.

(1) sweetened condensed milk.

- Indomilk	- Sasa Cap Nona	- Sasa Cap Bendera
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(2) powdered milk

- Milco

III. Weaning foods.

- NESTLE	- Nestum	- Cerelac
- Quaker oats	- Ovaltine	- Milo
- TEM	- Malsama	- Creme Nutricia
- Nestum Mixed Cereal	- Nestum Rice	- Others

As I have mentioned before, we have 321 retail stores in Semarang. From the total retail stores, most of them are small scale retail stores with little diversifications and include in those stores are drugstores and 4 department stores.

Based on this population figures, we intend to take 100 small scale retail stores to be audited by systematic random sampling. So, these sample stores will be spreadly distributed around the whole region and cover all diversifications. Out of 4 department stores, we intend to audit 2 department stores. Then, depth study will be launched for 30 respondents among 100 samples. Here, systematic random sampling will be applied too. That means that the total sample respondents being interviewed are in about 10 percent of the total population.

Talking about product labels that needed, some of them had been sent through Dr. Penny.

We are looking forward to hearing from you soon.

Sincerely yours,


S. S. S. S.

Infant Feeding Study
Indonesia Trip Report
June 3-18, 1982

- 1) **Schedule of Activities**
- 2) **Summary of Activities and Discussions**
- 3) **Documents Appended**

Penny Van Esterik
Cornell University

FINAL

Infant Feeding Study
Indonesia Trip Report
June 3-18, 1982

- 1) **Schedule of Activities**
- 2) **Summary of Activities and Discussions**
- 3) **Documents Appended**

Penny Van Esterik
Cornell University

1. Schedule of Activities

- Monday,
May 31 -depart Ithaca
- met with Joanne Spicehandler in New York to review trip objectives and receive administrative updates for Thailand and Indonesia
- Tuesday,
June 1 -travel
- Wednesday,
June 2 -PM, arrived Singapore
- contacted Breastfeeding Mothers Group of Singapore
- Thursday,
June 3 -AM, meeting with Mr. Ivan Baptist of the Consumer's Association of Singapore
- PM, Jakarta - met with Molly Gingerich afternoon and evening to discuss progress of Indonesian project
- Friday,
June 4 -AM meeting with Dr. Loedin at NIHRD
- PM meeting with Molly Gingerich and Julie Klement at AID office
- late afternoon, arrival in Semarang
- Saturday,
June 5 -AM meeting with Dr. Moeljono to plan work schedule
- PM meeting with Dr. Fatimah Moeis to review progress of project
- Sunday,
June 6 -AM meeting with ethnographic team (Nico Kana, Darmanto Yatman, Soesatyo Darnawi) to review progress of phase one ethnography report
- PM meeting with Dr. Fatimah Moeis
- Monday,
June 7 (Salatiga)
- AM, PM - assembled and reviewed ethnographic notes with Nico Kana
- Tuesday,
June 8 (Salatiga) - AM, PM - worked on phase one report with Nico Kana
- evening meeting of Indonesian team and Jim Post at Dr. Moeljono's house to review progress of all components

- Wednesday,
June 9 (Salatiga) - AM, PM - worked on phase one report with Nico Kana
- Thursday,
June 10 (Semarang) - AM worked with Nico Kana and Fatimah on report and began translations
- PM discussed marketing progress with Jim Post
- Friday,
June 11 -AM, worked on translation for phase one report
- reviewed earlier translations
- PM, reviewed translation of survey instrument with Dr. Fatimah
- Saturday,
June 12 -AM worked on ethnography report
- PM, reported to Dr. Moeljono on the progress of the report and need for translation funds
- Sunday,
June 13 -AM, worked with Nico Kana on report
- PM, visited selected index mothers at Mangkang Kulon and Krobokan
- (evening, Dr. Budioro came to discuss the data analysis memo)
- Monday,
June 14 -(moved to Green Guest House with Nico Kana)
- AM, PM - reviewed fieldnotes and wrote section of report
- Tuesday,
June 15 -AM, PM - reviewed fieldnotes and wrote section of report
- evening - meeting with Ms. Endang, Ms. Suci, Ms. Rodiyah to discuss phase two ethnography
- Wednesday,
June 16 -AM, worked on outline for conclusion
- PM, visited selected cases in Kranggan Dalam
- Thursday,
June 17 -Jakarta
- AM meeting at UNICEF on weaning foods
- PM meeting at AID on promotion of breastfeeding in Indonesia

Friday,
 June 18 -AM, meeting with Dr. Loedin
 -PM, meeting with Julie Klement, AID
 -(evening flight to Singapore)

June 19-24 - Institute of Southeast Asian Studies (Singapore) and Canadian Council for Southeast Asian Studies, Joint International Conference on Village Level Modernization and Cultural Continuity in Southeast Asia

2. Summary of Activities and Discussions

The most important objective for this trip was to provide technical assistance to enable the Indonesian ethnographic team to complete the analysis of the phase one ethnography, prepare a final report, and implement the phase two ethnography. In addition, all discussions stressed the need to begin integrating the three components of the study.

2.1 Administration

The year 2 contracts were delivered to Dr. Loedin who examined them briefly without comment. We discussed the need for integrating the components and the importance of considering policy implications from the earliest stage of analysis. He retains faith in the UNDIP team but is much less current and informed about the progress of the study than last year. He is anxious to publicize the study to policy makers in Jakarta who, he felt, were unaware of it. Since a new 5 year development plan was being prepared in August, Loedin asked that Moeljono be prepared to present some results that would relate to infant feeding policy to the health policy planning group. Although Dr. Moeljono asked Nico Kana and I to summarize the significant findings from the ethnography, we told him that it would be premature to present a summary before the ethnographic notes were reviewed.

Finances

The team is scrupulous about financial expenditures and receipts, but spends university funds or personal funds when payments from Jakarta are delayed. Consequently, they are always behind with their requests for more funds. They are not underspending, and will be hard pressed to cover the translation expenses for the ethnography report.

The amendment to increase the year 1 budget was signed and sent to the Consortium on February 8, 1982.

I asked for the signed copy of the year 2 contract from NIHRD but it was not available for me to take back to New York.

Workshop

The workshop plans are not yet clearly developed. As Jim Post discussed, Molly Gingerich and Julie Klement believe that the only way that the workshop can be effective is if the Consortium manage it. Indonesians constantly attend (and are paid to attend) workshops on every conceivable topic. These affairs are very formal and are not meant to generate discussion or action. If there is to be real follow-up after the workshop, then it is important that it be managed through the Consortium. The funding and administrative problems are not resolved yet, but the idea of a "practice" workshop in Semarang timed to coincide with technical assistance on data analysis was considered favorably by Dr. Loedin, Dr. Moeljono and USAID/Jakarta.

2.2 Marketing

Jim Post reviewed and reported on the progress of the marketing component. Here I will mention possible linkages between marketing and ethnography, including my observations:

1) Although all advertising is banned on government TV and radio, there are other sources of advertising. For example, both Jakarta airports had closed circuit televisions which ran advertisements. In a two hour period, more than half the ads were for milk products. These showed pre-school children drinking milk and tonic drinks.

Also, food ads are permitted on local private radio stations according to the ethnographers. This source of advertising should be investigated because the ban on media advertising may not be as complete as earlier reported.

- 2) Another method of advertising infant formula is with sound trucks which deliver supplies to local retail stores. These mobil relame do not sell from the truck, but signs and loudspeakers advertise one company's products and identify the stores that the products are being delivered to. This method is used only in cities and towns, with the exception of SGM which is delivered to small rural district centers in the same fashion.
- 3) According to the ethnographers, mothers are oblivious to infant formula ads. Their primary source of information about infant formula comes from doctors and bidans in hospitals.
- 4) Discounts are given in open markets and small shops for dented cans.
- 5) If mothers want infant formula, advice about the best brand is more important than cost since the overall expenditure is about the same for different brands.
- 6) Local stalls in residential streets are popular with women in all 3 neighborhoods where the ethnography was done. They are called places to buy "9 foods" (=staples, salt, oil, dried fish, rice, soy bean sauce, tahu, matches, and occasionally milk in the larger stalls).

7) One topic for phase two ethnography will be an investigation of the role of local shopkeepers in influencing mothers to use infant formula (see discussion of phase 2).

2.3 Infant Feeding Practices Survey

Dr. Budiono discussed the progress of the cross sectional survey, mentioning that there were differences between the census bureau's block samples and the actual cases found. The data entry was nearly finished and he anticipated having tables ready by September. Three blocks were fed into the computer each day.

Adopted children make up 2-5% of the sample. One ethnographic family turned up in the cross sectional sample. The survey was administered to 58 ethnographic cases. These questionnaires had been separated from the rest of the survey instruments but had not yet been coded.

The UNDIP team made many changes in the survey instrument after Dr. Fatimah's visit to New York in December. There were also a number of corrections and changes made during the course of the interviewing. These changes should all be accounted for in the code book which was finalized during my visit.

The team seemed quite concerned about how to record the consumer behavior information on the computer and how to relate it to the advertising series.

My reservations about the data processing come from observing the casual way in which the staff were correcting the coding of the questionnaires. It may be important to have someone experienced in data analysis check the procedures before analysis begins.

The team was looking forward to technical assistance from a principal investigator around September. Although the team argues that they need help for interpretation of tables and assistance with policy implications, I suspect that they may be in need of more extensive preliminary assistance with the early steps in data analysis over a longer time period (at least two weeks).

There was some concern with Indonesia's attitude toward Cornell University. While I understand more of the background of this, I felt no difficulty in this regard. I deliberately mentioned all 3 PI's names both to Dr. Loedin and Dr. Moeljono, and there was no indication that there would be any problem with a visit from any of the PI's. My personal response is that Dr. Moeljono would appreciate the chance to "make up" for any real or imagined problems with Cornell. By the end of the visit, UNDIP had not decided on the best timing or personnel for technical assistance.

November Meetings

In spite of my strong hints to the contrary, Dr. Moeljono appointed Dr. Budioro, to attend the November meetings. However, he did not wish to make the choice so quickly, and USAID/Jakarta is hoping he will decide to send Dr. Fatimah. Dr. Budioro is less familiar with the overall research design and the construction of the survey instrument. If Dr. Moeljono is pushed towards Dr. Fatimah, I believe that he is likely to send yet another team member. Dr. Budioro has both personal and medical reasons for not wanting to go to New York, and he volunteered the suggestion that Fatimah should go instead. If we receive word that he is definitely the choice, it would be important to suggest that he come one or two weeks before the meeting to review the cross sectional survey with Consortium staff.

2.4 Phase one ethnography

After Giorgio Solimano's visit, the team was to meet every Sunday to review progress on the phase one ethnography. Although these meetings took place, Nico Kana was the only one who wrote the assigned sections. When I arrived, the materials available in Indonesian included:

- Chapter 1 (Introduction) - not written ,
- Chapter 2 (Communities) - very brief drafts from
mini ethnography seminar
- Chapter 3 (Households) - Nico Kana's communities were done
- Darmanto's community was not
- Chapter 4 (Determinants) - partly written but not usable
- Chapter 5 (Formal Analysis) - completed
- Chapter 6 (Conclusions) - not written

There were several problems preventing the successful completion of the report:

- 1) Nico Kana is very competent, very busy, but has no authority over the team
- 2) Darmanto and Soesatyo were doing graduate work and had no time to work on the project
- 3) The original field notes were missing and were not used to write key sections of the report
- 4) The sections that were written removed all personal references and broke all case studies into a "pseudo statistical" summary. For example the early sections of Chapter 3 on households gave:
 - the % of women around 30 years of age
 - the % of women around 40 years of age

-the % of babies born in hospitals

-the % of women breastfeeding their babies

From this information it was not possible to reconstruct the life situation of any individual mother/infant pair.

5) The tasks of writing, editing, and translating were enormous, and were not clearly assigned. The team was not used to writing descriptive reports. For Nico Kana, Indonesian is his second (or third) language and Dr. Fatimah had to assign someone to edit all his sections. When sections were completed, the pages were carried to someone to rewrite into clear Indonesian, then returned to the team who sent them by jeep to Nico to review. They were then returned to Fatimah who found English translators who could type. This process was slow, inefficient and very expensive.

The schedule of activities indicates the amount of time I spent with Nico Kana taking the sections of the report through this process and revising wherever possible from the field notes. The work was done entirely by Nico Kana, although his team members appeared once near the end of the work to ask Nico to ask Moeljono for their salaries.

At the end of the visit, the report was nearly assembled in final Indonesian and partially translated. I have the following materials:

Ch. 1 Introduction - 4 pages, draft Indonesian

Ch. 2 Communities -

Kranggan Dalam 1 final Indonesian, draft English

Krobokan 2 final Indonesian (12 pgs)

Mangkang Kulon 3 final Indonesian, final English (10 pgs)

(there are sections that were written for the seminar that should be incorporated into this chapter; also some excellent neighborhood maps)

Ch. 3 Households

1 final Indonesian, draft English (13 pgs)

2 final Indonesian

3 final Indonesian

(this chapter is being expanded to include about 5 case studies from each community: Nico has completed 3 long cases from Kranggan Dalam, and 3 from Krobokkan; the junior ethnographers from Mangkang Kulon were brought back and persuaded to write up 3 case studies from their area; in each case, we reviewed the field notes and chose the poorest woman, and the wealthiest woman within each neighborhood sample, and one other woman for contrast. These materials should be being translated now.)

Ch. 4 Infant Feeding Practices

Community 1 English summary, 4 pgs.

Community 2 English summary, 6 pgs.

Community 3 English summary, 4 pgs.

(this section has been rewritten--both Nico and I have rough notes on each woman's pattern for feeding present and past children --the summaries were copied from Chapter 5 and are really perceptions about infant feeding, not actual patterns.)

Ch. 5 Formal Analysis

(should be called Mothers Perceptions about Infant Feeding)

Community 1 draft English, 40 pgs.

Community 2 final Indonesian, 18 pgs.

Community 3 final Indonesian, 21 pgs.

(Community 3 is being translated at the American Embassy in Jakarta)

Ch. 6 Conclusions

(I have rough notes in English and Nico in Indonesian--it will not be finished until he sees the final drafts of Chapters 3 and 4. It will summarize the determinants of infant feeding based on the ethnographic fieldwork.)

On my return, I found a large package with all the original fieldnotes waiting for me. This to me, indicates Dr. Moeljono's trust in the Consortium and would suggest that as long as sufficient work was put in to the data analysis visit, the team would provide the data tapes without argument.

The team expects to send final Indonesian and their translations by the end of September--I have agreed to edit the English, revise it, have it typed and xeroxed at Cornell, and return it to them for official (Loedin) Indonesian approval. If the missing sections do not arrive, I have enough rough notes to prepare an unofficial English report to meet our contractual obligations. However, I do not believe this will be necessary, as both Dr. Loedin and Dr. Moeljono are aware of the present state of the ethnography report. The quality of fieldwork is as high as other sites, but their capacity to prepare written reports is much lower.

2.5 Phase two ethnography

Most working time was devoted to preparation of the phase one report, but during this work, Nicc and I kept a file on ideas that could be developed in phase 2. In light of the problems with the phase one ethnography, the following changes were suggested for administering phase two:

- 1) Nico Kana should be assigned as adjunct to the community medicine faculty

or added to the team officially, rather than being an "outside consultant."

- 2) He will report directly to Dr. Fatimah or Dr. Moeljono and the team, rather than to Darmanto.
- 3) Darmanto and Soesatyo will not be members of the team, as they have other responsibilities this year. (Darmanto will be studying in the U.S.)
- 4) Three ethnographers from phase one will be requested from their university departments to work full time for 6 weeks on the phase two ethnography. (Suci, Rodiyah, and Nunnih have agreed to participate)
- 5) They will be senior ethnographers responsible for their own research design, fieldwork, analysis and report writing.
- 6) When they submit their report in Indonesian, Dr. Moeljono will assign them points towards their University promotions.
- 7) Part of the report should be a publishable paper with the ethnographer as senior author.
- 8) The Indonesian team will try to have all three reports translated by the November visit. If it is not translated, the Consortium will try to complete the translation.

During meetings with Suci, Rodiyah, and Nunnih, we tried to have them develop a research question themselves, rather than assign topics to them. Rodiyah will follow up on an ethnography of markets and stores, working with the marketing team. Nunnih will follow up on the dukun bayi to link with the survey questions on that topic. She also expressed interesting ideas about relating traditional beliefs about women and infants to Moslem law. This will be important in light of the Moslem revivals and reforms taking place in Indonesia at the present time. Suci is considering

developing a study of one or two clinics. Her preference was to make a statistical study of family composition, but in the short time available, her questions were too broad and too difficult to relate to infant feeding. She is assigned to work for Dr. Moeljono, and since he wants a clinic study, I trust that she may decide to shift her topic. If so, this will link up with the health infrastructure study.

Photographs

The photographs taken by the junior ethnographers' were not immediately retrievable. In Singapore, Fatimah brought two rolls of film which I have not developed. Over the week several photographs used in the mini seminar were found and labelled. There is no use reproducing photographs which cannot be identified. However, there should be enough material to illustrate their ethnographic report. (The photos were not stored properly and are in very bad condition.)

2.6 Jakarta Meetings

The UNICEF seminar on weaning foods was presented by Julie Klement and was attended by foreigners and Indonesians interested in nutritional problems. The presentation stressed breastfeeding through the second year gradually replaced by increasing the number and size of meals. Much discussion focused on problems of translation of the term weaning and how it is viewed in Indonesia.

The AID meeting on breastfeeding promotion including a range of people who were approaching breastfeeding from different angles, eg) hospital administrators, consumer advocates, UNICEF, AID etc. These people would be appropriate to include in the Indonesian workshop to be held next year (list enclosed). The topics discussed included attitudes and beliefs

about infant feeding, hospital policies and practices, information sources, social support for breastfeeding mothers, and contraception. The group agreed to meet again to prepare for and follow up on Jelliffe's visit. Several people commented that the session was valuable because "it was not like an Indonesian workshop."

2.7 Follow-up

- 1) It is important that we help the Indonesian team arrange English translations for documents. It is causing them many difficulties and delays.
- 2) Dr. Fatimah acts as coordinator for the whole project. It might be useful to stress to Dr. Moeljono that a study coordinator should be officially appointed to help integrate the three components.
- 3) It is unlikely that members of the Indonesian team will initiate preparation of publishable papers. In my opinion, they are unlikely to substantially revise any documents after they are officially submitted. This should be kept in mind when planning possible joint publications.
- 4) The phase two ethnography is very uncertain at the moment, and will require monitoring by the next Consortium staff visiting Semarang.

3. Documents Appended

-Participants in Indonesian forum on breastfeeding promotion.

Those invited to participate in Forum,
June 17, 1982

	<u>Tel.#</u>
1. Dr. Dien S. Besar Rumah Bersalin Pembina Jl. Radio I/8 Jakarta Selatan	710087
2. Leona D'Agnes PLACT/YKB	
3. Dr. Terrel Hill UNICEF Jl. M.H. Thamrin 14 P.O. Box 202 Jakarta Pusat	321308
4. Ny. Lis Hutama Yayasan Lembaga Konsumen Jl. Ciasem #2 Cikini, Jakarta	322077
5. Ny. Deswarni Idrus Yayasan Indonesia Sejahtera (YIS) Jl. Kramat VI/11 Jakarta Pusat	351795
6. Ms. Julie M. Klement USAID/O/HN Jakarta	340001-9 Ext.425
7. Dr. Lukas Kristanda PERDHAKI Jl. Kramat VI/7 Jakarta Pusat	320499
8. Ny. Sridjati M. Mardjono Jl. Senayan 16, Blok S 1A Kebayoran Baru Jakarta Selatan	770621
9. Dr. Purwanto PERDHAKI Jl. Kramat VI/7 Jakarta Pusat	320499

- | | | <u>Tel.#</u> |
|---|---|----------------|
| 10. Ny. Soedarmilah Soeparto
Komplek Polri A8
Jl. Gatot Subroto
Jakarta | <u>Factory</u>
Fabrik Jamu Darmi
Jl. BB #30
Jakarta Selatan
Tel: 823219 | 581860 (home) |
| 11. Dr. Soeharyono
Child Health Division
Faculty of Medicine
Universitas Indonesia (FKUI)
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FINAL

TRIP REPORT -- INDONESIA

June 6 - 12

INFANT FEEDING STUDY

James E. Post
Boston University
June 25, 1982

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Summary

The purpose of the trip was to provide technical assistance on the marketing component of the project and to receive a general project update on developments since Giorgio Solimano's visit in February.

Progress on Marketing: More progress has been made in the marketing area than any of us had reason to believe in advance. A reasonable draft marketing report should be possible in the autumn, although it will depart from some of the technical specifications set forth in the original subcontract.

Project Update:

1. Integration of project components remains a major need. Dr. Moeljono's new responsibilities at the University make it virtually certain he will be able to contribute little more than his imprimatur to a research process that must be managed and executed by others.
2. Workshop plans are evolving, but there are a variety of needs that must be met before the kind of Workshop anticipated by the Consortium can occur. Moeljono, Loedin, and the Consortium have different needs in this regard, and the Consortium's objectives cannot be accomplished until, and unless, the others are met as well. A process for shaping these requirements into a coherent proposal was discussed with U.S.A.I.D. staff. Budgeting and administrative responsibility remain critical issues, and will require firm Consortium action.
3. The survey work is now at the coding and keypunching stage. Penny Van Esterik was concerned about the quality of the data processing work, though it is quite beyond our ability to do anything other than trust Dr. Fatimah' direction of the process.

Summary (Cont'd)

4. Ethnography. Penny was very concerned about progress in this area. When I left Semarang, she was in the process of rewriting the Phase 1 ethnographic report. The Consortium can anticipate a complete account upon her return.

Schedule

Sunday, June 6

- A.M. Arrive Jakarta
- P.M. Briefing by Molly Gingerich and Julie Klement, U.S.A.I.D.

Monday, June 7

- A.M. Meeting with Professor A. A. Loedin, National Institute of Health, Research and Development, Ministry of Health. Also present: Julie Klement.
- Meeting at In-Search. Present: David Sparkes, Anne Gelardi, Indra Djajadi of In-Search; Julie Klement.
- P.M. Lunch with Julie Klement.
- Departure for Semarang.
- Meeting with Dr. Sahid and Mr. Wiratno.

Tuesday, June 8

- A.M. Visit Central Market Area of Semarang.
- P.M. Tour of stores and shops in other districts of Semarang, including Togu where Phase 1 ethnography occurred.
- Evening meeting with Dr. Moeljono, Dr. Fatimah, Niko Kana, Dr. Sumantri, Dr. Sahid, Mr. Wiratno, Penny Van Esterik at Dr. Moeljono's home to review overall status of project. Discussion of Phase 1 ethnographic problems, and possible Phase 2 ethnographic activities related to marketing.

Wednesday, June 9

- A.M. Trip to Yogyakarta with Dr. Sahid and Mr. Wiratno. Meeting with Dr. Rukma, President of Sari Husada Milk Company and Mr. Hari, Vice President, Marketing.
- P.M. Return to Semarang. Examination of marketing practices in rural areas of Central Java.

Thursday, June 10

- A.M. Free

Schedule (cont'd.)

Thursday, June 10

P.M. Meetings with Dr. Sahid and Mr. Wiratno to discuss draft reports on retail audit, state of the industry, and medical infrastructure.

Meeting with Penny Van Esterik to discuss situation of ethnography and marketing components.

Friday, June 11

A.M. Departure for Jakarta.

P.M. Meeting with David Sparkes (In-Search) and Julie Klement.

Saturday, June 12

A.M. Discussion with Molly Gingerich (U.S.A.I.D.) about Workshop proposal.

P.M. Departure for Bangkok.

Indonesia Report

1. Purpose

The purpose of the trip was to:

1. Provide technical assistance to Dr. Sahid on the state of the industry and retail audit sections of the marketing component;
2. Discuss plans for the consumer behavior portion of the survey analysis;
3. Receive a general update on the entire project and bring appropriate administrative matters to the attention of the Consortium.

The trip was composed of three parts: (1) an initial stop in Jakarta for briefings with Molly Gingerich and Julie Klement (U.S.A.I.D.) and meetings with Professor Loedin and In-Search personnel; (2) several days of activities with the UNDP team in Semarang; and (3) follow-up meeting in Jakarta with U.S.A.I.D. and In-Search staff.

2. Marketing Component

2.1 Overview

Considerable work had been done by Dr. Sahid and his assistant, Mr. Wiratno, in preparation for my visit. They had prepared the following draft reports:

- a. State of the industry
- b. Retail audit
- c. Medical infrastructure
- d. Report on interviews with midwives

Each was reviewed and discussed in detail during the visit. English translations of the text will have to be prepared, however.

Several field visits were made to fill in gaps in the information available. A visit was arranged with the President and Vice President of Marketing of Sari

Husada, the largest milk company in Indonesia. These interviews added further material to our knowledge about the marketing environment in Indonesia and the intentions and strategies of the infant foods industry. In addition, Dr. Sahid, Mr. Wiratno and I interviewed shopkeepers, collected price and product availability information, and spoke with purchasers and users of infant food about hospital practices, sampling, and other market-related matters.

Finally, several discussions were held with David Sparks and In-Search personnel about their state of the industry and retail study work. They have not yet prepared a report, in part because they have wanted one or two additional interviews, and in part because they wanted to know what had been going on in Semarang.

There had been no coordination between Dr. Sahid and In-Search, and realistically, none can be expected. Coordination will have to be accomplished in the U.S. as various pieces of the marketing information are assembled into a final report. Each aspect of the marketing component is reviewed below.

2.2 State of the Industry

Dr. Sahid prepared a report consisting of summaries of interviews with several manufacturers and distributors. In addition, we had discussions with senior managers at Sari Husada, the Indonesian company which accounts for 60 - 70% of the industry sales of milk-based products. The picture that emerges is one of an industry that consists of one major domestic company and one major multinational (Nestle) company that manufacture infant foods. More important to the marketing, however, is the role of sales agents and distributors. They arrange all promotion and advertising, medical detailing, sampling and sales to retail outlets. As David Sparks stressed, widespread product availability is the key to marketing success in Indonesia, and the distributors are the key actors.

Government regulations are important in two distinct ways. First, Indonesian law requires that all foreign manufacturers use Indonesian distributors to market their products in-country. Second, there has been a ban on media advertising for consumer products for more than one year. Both policies are influential in shaping marketing practices.

In sum, the state of the industry is a mosaic of facts in need of organization around some key descriptive and analytical themes. These are most likely to be (a) the importance of widespread product availability, (b) the role of distributors in shaping the competitive environment, and (c) the impact of government policies on trade and market activities.

2.3 Retail Audit

Officially, there are 321 retail outlets in Semarang that sell infant products. Unofficially, there seem to be far more shops that carry infant foods, although there is no way to get an accurate count. The aggregate count is probably irrelevant in any event, as there are some general statements that accurately describe the retail environments in Semarang and Central Java.

- There are relatively few big stores or outlets in the city. Those that carry infant foods carry only the best selling brands (high turnover).
- Drugstores are a significant outlet for infant formula sales. They are the critical outlet for hard-to-find special needs formulas such as soy-based formula.
- Small shops are the principal means of reaching the public with infant foods. Virtually every mother in Semarang visits small shops for foods and consumer products. The shops usually carry 8 - 10 brands of formula in stock, but only a few cans of each. Shops also tend to have relatively loyal customers and carry formulas as a convenience to customers. The

shops make very little profit on each can of formula and volume still doesn't generate large amounts of money. (NOTE: I have suggested Phase 2 Ethnography focus further on shopkeepers as an influence on mothers' decisionmaking.)

- There is considerable "product clutter" in all types of stores and no distinctions are drawn between humanized formulas, full protein formulas, or other types of milks. Everything is marketed together at the retail level, producing two effects:

1. Probable consumer confusion about interchangeability of these products;
2. Price as a key factor in shaping purchase decisions.

The consumer behavior questions in the infant feeding practices survey should further clarify both of these effects.

Dr. Sahid has not conducted the formal audit contemplated by Trost Associates and the Consortium. (We suspected this since no sampling plan was ever submitted.) He has, however, provided a level of detail in the draft report that should permit a reasonable informative and accurate report to be prepared about infant foods marketing in Semarang. This will be better assessed after the draft is translated.

2.4 Medical Infrastructure

Background information has been collected and written up into report form on the formal structure of the health care system. This too needs additional translation. More importantly, Dr. Sahid has completed a report based on interviews with forty midwives about their participation in the health care system. Similar reports will be done on the basis of interviews with physicians and administrators.

It is too early to say how well this component will be done. The materials reviewed with Dr. Sahid appeared to be informative about the medical care system

in general and the perceptions of midwives working in Semarang hospitals and clinics. The midwives were unanimous in identifying breastfeeding as the best feeding choice for babies, and in stating that breastfeeding was always recommended to mothers. Exclusive bottlefeeding was least preferred and never recommended. Most important, perhaps, is the considerable support expressed by the midwives for supplemental bottle feeding, especially for working women. There was no indication that the midwives appreciated the effects on mothers' lactation capability created by supplemental bottlefeeding.

The level of detail about hospital practice and contacts with companies seemed sufficient to provide an accurate description for analytical purposes. This probably has to be checked by circulating the draft report to others familiar with hospital practices. This cannot be done until the reports of interviews with physicians and administrators are forwarded from Dr. Sahid.

2.5 Administrative Issues

Several issues need the Consortium's consideration and/or action in the near future.

1. Second Payment to Dr. Sahid. I believe TAI should make the second payment to Dr. Sahid based on materials received. Sahid has marched to his own drummer in doing the marketing study, but the results will enable us to prepare a reasonably detailed report. No purpose would be served by further delay in payment, especially since Sahid needs the funds to pay his assistant.
2. There was very limited discussion of the consumer behavior portion of the infant feeding practices survey. It was not clear whether Sahid would have any involvement in that analysis. Given the larger problems of integration in the overall project (see 3.4), the Consortium has to stress the integrated analysis of all survey data, including the Consumer Behavior questions.

3. Project Update

3.1 Infant Feeding Practices Survey

During the meeting of the entire research team at Moeljono's home, there was discussion of the status of the survey. The data is now being coded and prepared for key punching under Dr. Fatimah's supervision. I did not observe the actual work being done. Penny Van Esterik did observe this and will probably discuss it in her trip report.

There was an expression of appreciation from Dr. Moeljono for the analytical plan and he forwarded it to Fatimah. I also explained that the consumer behavior section of the analytical plan would be sent very soon.

3.2 Ethnography

Penny was in the process of rewriting the Phase 1 report with Nico Kana and will discuss this activity in her trip report.

As mentioned above, there was also some group discussion of Phase 2 ethnographic plans. Among the new ideas discussed was a focus on the role of shopkeepers in influencing purchases and feeding choices. It was unclear whether Penny would be able to finalize the Phase 2 plans before her departure.

3.3 Workshop Proposal

A considerable amount of time was spent discussing the Indonesian team's desires and plans for the Workshop. There are a number of conflicting objectives cutting across the discussion. Dr. Moeljono feels the need to use a workshop

to integrate his own team's findings. Prof. Loedin feels the need to use a workshop to build consensus within the technical staff of the Ministry about the findings and their implications. The Consortium want to use the Workshop as a means to highlight policy alternatives for high government officials. AID/Jakarta very much wants the Consortium to manage the Workshop directly, both to ensure that the substantive purposes will not be altered by other objectives and to guarantee that the administrative responsibilities and future implementation action will rest with the Consortium, not AID/Jakarta.

The funding preferences of AID/Jakarta notwithstanding, it is clear that the Consortium's objectives for the Workshop cannot be accomplished unless, and until, Moeljono and Loedin's needs are met. The UNDIP team needs self-confidence, and an in-house meeting in Semarang with some outsiders is a good idea. Dr. Loedin was quite clear that the Indonesian political culture requires that the content of such a Workshop be made clear to key participants well in advance. He referred to this as "consensus-building" and Julie Klement and Molly Gingerich confirmed that this is indeed the Indonesian way. Loedin made it clear that in order to create the kind of Workshop the Consortium wants, proper "groundwork" must be done.

Given these circumstances, it is clear that the Consortium must look at the Workshop as the outcome of a process rather than as a discrete event. The UNDIP team has to begin thinking about its work in an integrated manner, and an "internal workshop" at Semarang could be held at the end of the content-analysis visit of a Consortium principal investigator in September. If colleagues from the University and a few outsiders, including Loedin, were also invited, the meeting would be important to the Semarang group, and not beyond their ability to communicate comfortably. The budget would be small and Moeljono

could probably cover it from project funds. Loedin's participation would be essential, for he could then move into the "planning seminars" for his group in Jakarta. He should be able to pay these costs, although some participation of the Semarang group in the Jakarta meetings might require travel funds. Once consensus were satisfactorily built, the Policy Workshop could be held with Loedin, Moeljono and one or two representatives from the Consortium making presentations. This would be the activity funded through a mechanism created by AID/Washington.

Molly Gingerich noted that the interrelatedness of steps was a key to achieving the Consortium's objective of a visible project. She stressed, however, that Loedin must be convinced that significant results are being found and that they are relevant to policy action. That will determine whether the consensus-building will occur.

3.4 Administrative Issues

The Consortium needs to address a number of important administrative issues that will affect the remainder of the project.

1. Technical Assistance Visit -- Content Analysis

Given the reported pace of data processing, a technical assistance visit before September seems unlikely. There is a desire for such a visit, and a stay of two weeks, rather than one, would be desirable. Dr. Moeljono and I did not specifically discuss the timing of the technical assistance visit, but he did say that he hoped a principal investigator could come to Semarang.

2. Relations with AID/Jakarta

Although Molly Gingerich and Julie Klement are willing to assist the Consortium in any reasonable way, it is clear that they are too overburdened already to oversee workshop administration. It is for this

reason that they hope the Consortium and AID/Washington will be able to identify another funding mechanism that would place the primary responsibility for workshop organization in the hands of the Consortium.

3. Publications and Further Analysis

These issues need to be raised and positions developed in the near future. The objectives of various members of the UNDIP team (e.g., Sahid) need to be considered in developing a publication strategy.

4. Conclusions and Recommendations

4.1 Marketing Component

Based on the work completed to date, and what can be expected within the next few months, a useful marketing report seems likely. The report should be able to present an informed view of marketing practices and influences in Semarang, and to a lesser extent, the entire country. We will continue to rely heavily on the In-Search report to provide the national market background. It seems unlikely that the Indonesian marketing report will be drafted before mid-autumn.

I believe the Second payment should now be made to Dr. Sahid on the basis of completed work and his need to pay his assistant for the work yet to be completed.

4.2 Overall Project

Integration of the components remains an important concern. This is the key to the analytical possibilities in Indonesia. In addition, the technical assistance requirements for data analysis cannot be underestimated. The UNDIP team both needs, and will welcome, this contribution by the Consortium.

THAILAND REPORTS

FINAL

Trip Report - Thailand
2/12-2/17, 1982

INFANT FEEDING STUDY

Giorgio Solimano, M.D.
Columbia University

New York, March 1, 1982

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Appendices

1. Purpose

The purpose of the visit was to:

1. Provide on-site assistance for the Infant Feeding Survey fieldwork.
2. Assist with planning for data analysis.
3. Assess progress on the marketing study in light of the circumstances which have contributed to a considerable delay in this activity.
4. Discuss technical assistance necessary during 1982.
5. Discuss aspects related to the workshop, including the development of a formal proposal to be submitted to AID.
6. Review other technical aspects of the project in light of its development at the present time.

This report includes a detailed analysis of each of these areas as well as recommendations or tentative agreements reached with the country counterpart.

2. Infant Feeding Practices Survey

2.1. Sample Characteristics:

The field work will start on Monday, February 22. The final version of the questionnaire was at the printers during my stay in Bangkok. I was able to take a copy which was being proofread before the final editing. A copy of the final survey instrument will be mailed to New York as soon as it is available. I also saw a copy of the Instruction Field Manual in Thai, which was used for the interviewer training.

The map for each of the 83 blocks has been updated by the project team. The randomly sampled blocks have been grouped into 6 zones which cover the entire city. It is estimated that each block includes at least 100 households, which means that approximately 8,500 to 10,000 households will be contacted during the survey. The household listing is being recorded on individual cards specially prepared for the survey.

The sample size is estimated as 1,800 cases. Fifteen interviewers will be working 22 days per month, completing 2 cases per day. With 30 questionnaires completed each day, the field work will take approximately 60 days. The survey is expected to be finished by the end of May.

2.2. Personnel:

Fifteen interviewers and 4 supervisors will carry out the I.F.P. survey. The 15 interviewers were selected from a group of 40 using the following criteria: (a) previous experience; (b) attendance at the training program; and (c) their qualifications. All of them are graduate students, and 3 are university professors with training in nutrition who were interested in participating in the survey in order to expand their experience. A one-week training program was conducted and the attendance was 100%.

The supervisors will meet with the interviewers quite often at the beginning of the survey, and every Friday after the first 3-4 weeks. Quality control will be accomplished by recontacting a random sample of completed interviews using what Somchai describes as the "thank mechanism" i.e. the supervisors will visit the households to thank the families for their cooperation in the survey and will ask them some of the same questions.

2.3. Pretesting:

The survey questionnaire was pretested at least five times before reaching its final form. The duration of the interview is estimated as 45 minutes as a minimum, but it could be longer. There are problems with the Thai-Chinese population due to lack of trust. In order to minimize such problems, interviewers who speak Chinese will cover this population.

Coding of the data will begin 4 weeks after the initiation of the survey. This will permit them to complete the coding soon after the survey is finished.

2.4. Age of Index Child:

In order to avoid confusion for the interviewers, every child born after February 22, 1981 will be included in the survey. By the end of the survey some children will be older than 12 months, but according to the research team, that number is estimated to be small and not of practical significance. No decision has been made regarding how to treat these cases, i.e. whether or not to include them in the final analysis.

Birth data: Since birth date is difficult to obtain, the team has developed an interesting approach ~~to get the birth certificate~~. This consists of telling the mother that they would like to know "how different is the current weight from the birth weight of the child." They expect that the mothers will be more interested in providing the birth certificate. The birth certificate will also provide the birth weight and the place of birth, information which is also required in the survey.

In summary, the Infant Feeding Practice Survey seems well

prepared and most of the technical and practical aspects have been taken into consideration. Myself, Jean Baker and Barnett Baron all felt that the team is well prepared. Dr. Somchal is spending almost 100% of his time on the project at this stage.

3. Ethnography

Very little could be done in this area since Dr. Tawlsak was out of town during my stay in Bangkok. All I could gather from Somchal was that the final report for Phase I is being drafted. I saw the photographs taken during the ethnography, probably the same Penny has already seen. I left both the letter sent by Penny and a message for Dr. Tawlsak with Jean Baker, who will follow-up on this matter as soon as Tawlsak returns to Bangkok.

4. Marketing

This area required a significant amount of work. The report will address separately the situation with Deemar and with Dr. Thonglaw from Mahidol University.

4.1. Deemar Scope of Work:

The meeting took place on Monday, February 15, at 2 P.M. It was attended by Mr. Christopher Andrews, Managing Director, and Somchal Anuman, Research Director, from Deemar; Dean Debhanom, Dr. Somchal, Dr. Thonglaw, and Ms. Chatkaew, from Mahidol University; Jean Baker, from the Population Council; and myself.

According to Deemar, the work has not been performed because no contract has been signed with Trost Associates, and they had not received a response to a cable asking for budget revisions due to changes in the scope of work. Originally, the contract included 150 audits and 50 interviews with retailers. In a letter from Al Ritchie on October 18, 1981, which was forwarded by Jean Baker to Deemar on November 17, Trost Associates proposed that Deemar conduct 100 retail audit and 100 interviews. In addition, the original scope of work included only the audit of infant formulas and not infant foods.

I requested from Deemar a revised budget given the modified scope of work asked by Trost Associates. That budget is 25% higher than the original and is included in a letter addressed to Al Ritchie, dated February 16, 1982, which I carried with me. Furthermore, since the original scope of work did not include any analysis and reporting to be done by Deemar, I requested that

They include in the same letter a cost estimate to perform the analysis of the retail audit.

In summary, according to Deemar, the following points are still pending:

1. The final scope of work in terms of number of retail audits and interviews, as well as number of the state of the industry interviews.

2. Approval of product list sent to Trost Associates in October 1981.

3. A revised contract and budget to perform the work.

According to Deemar, it will take 2 months after they reach an agreement with Trost Associates to complete the work.

My recommendations concerning the marketing component are:

1. The Consortium should exert all its power to ensure that a contract is agreed upon between Trost Associates and Deemar. The proposal for a 25% increase in the budget should be negotiated with Trost Associates.

2. Deemar should carry out this part of the work because they seem competent, other institutions have had good experience with them, and even though many problems have existed, they are still willing to cooperate in the best way possible.

3. In terms of the analysis of the information gathered by Deemar, we should consider the possibility of some analysis being carried out by them. There was consensus at the final meeting at Mahidol that it would be difficult to perform all the analysis of the marketing in the U.S. without taking into consideration the context of the marketing environment existing in Thailand.

4.2. Dr. Thonglaw's Scope of Work:

Two meetings were held with Drs. Thonglaw and Somchai to discuss work progress to date. Those discussions can be summarized as follows:

(a) List of products - It was sent on October 7, 1981 to Trost Associates. No answer has been received in terms of approval of the list of products.

(b) Classification of retail outlets - A classification of type of stores has been completed and is attached to this report.

(c) Identification of advertising companies - 169 companies have been identified in Bangkok in the area of advertising, but they advertise for all products. A list is included in the report.

(d) Labels - New copies of labels and additional ones were given to me to be delivered to Trost Associates. The first package was sent some months ago.

(e) Health services infrastructure - A table including the number and type of health facilities existing in Bangkok has been completed; on the basis of secondary sources, the number and type of health personnel working in those facilities in Bangkok has also been established. (Attached)

Dr. Thonglaw has drafted the survey questionnaire for physicians, nurse-midwives, and health administrators to be used for the health services infrastructure. Copies of the questionnaires in Thai, to be translated and revised by Trost Associates and the Consortium have been given to me for delivery.

A meeting was held with Drs. Thonglaw, Somchal, and Anek to define the criteria to be used for the interviews and the sample size of health personnel to be interviewed. An estimate of 100-150* interviews was reached, which is larger than the original number discussed between Dr. Thonglaw and Trost Associates. A breakdown of the number and percentage of personnel for each type of health facility is attached.

Finally, I requested from Dr. Thonglaw a progress report of his work to date, which is attached to this report.

The following conclusions can be drawn:

1. None of the field work concerning the retail audits and the health services infrastructure has been performed to date.

2. Dr. Thonglaw has produced some material recently, which will have to be revised by Trost Associates and the Consortium.

3. We agreed with Dr. Somchal that a closer supervision of Dr. Thonglaw's work should be carried on by him as principal investigator. Also technical assistance in terms of sampling will be provided by Dr. Anek.

4. I decided that the health personnel interviews should proceed immediately without waiting for approval. Given the need to perform this part of the study, agreement was reached with Drs. Debhanom and Somchal that it should not be postponed any longer.

5. Dr. Thonglaw agreed that his work should be completed by March 31, the expiration date of his contract.

6. Given the increased number of interviews to be conducted *sample size was modified at a later date.

with health personnel, I agreed to take with me a revised budget from Dr. Thonglaw to be considered by Trost Associates. No commitment was made on this subject.

5. Data Analysis

Detailed discussions were held with Drs. Anek and Somchal based on the January 21, 1982 memorandum from the Consortium to the country principal investigators. Initial agreement was reached on the following points, but a written answer will be sent by Dr. Somchal next week.

Point #1: Computer facilities - Three different computer facilities are available in Bangkok: (a) Chulalongkorn University Computer Center; (b) National Statistics Office (this is a bigger computer and Dr. Anek has access to it); (c) Asian Institute of Technology, which is the largest and the best, but the cost for using it will be higher.

Point #2: Hardware to be used - IBM computer; the type and model will be included in the answer to the memo.

Point #3: Kind of software to be used - Even though they have some locally developed software packages, it was the consensus that the internationally available SPSS package should be used.

Point #4: Responsibility for coding and data entry Dr. Anek from the Mahidol Faculty of Public Health.

Point #5: State of planning for data analysis planning They have not developed it.

Point #6: Technical assistance from the Consortium - Two types of technical assistance were considered: (a) to check the quality of data to be fed into the computer working primarily with Dr. Anek; and (b) technical assistance for substantive analysis" including the discussion of the different variables and type of analysis to be performed in order to fulfill the overall objectives of the project as well as the Thai priorities.

In terms of type "a" technical assistance, there was agreement that it could be provided locally and that staff from the Population Council in Bangkok would be appropriate for it. Furthermore, this technical assistance will be required on regular basis; however, Dr. Baron made clear that a formal agreement should be made with both the Consortium in New York and Mahidol University to provide it. In terms of the "b" type of technical assistance, related to "substantive analysis," it was considered that this should be provided by Consortium staff. The optimum timing for this assistance was estimated to be around September/October 1982.

Point #7: Availability of edited data to the Consortium - In

terms of the timetable for the overall study, the following schedule was developed as tentative: By the end of May the survey will be completed. By the end of July coding of the data will be completed (50% will be done by the end of May). By the end of August the data will be prepared and entry into the computer will be completed. By the end of September cleaning of data will be completed. By October substantive analysis should start. Any meeting in New York cannot take place earlier than November 1982, according to the Thai team.

In conclusion:

1. Dr. Anekseems to be in command of both the sample frame and the plan for data analysis. I am satisfied with the discussions held with him and Somchai in Bangkok; and he seems quite interested and committed to the study.

2. A detailed answer to the January 22 memo and a final version of the budget and analysis plan will be mailed to New York next week.

3. In terms of technical assistance, priority was assigned to obtain technical assistance from the Consortium in the area of "substantive analysis."

4. The Population Council/Bangkok could provide on-site regular technical assistance concerning data management during the following month. However, Mr. Baron made clear that some kind of formal agreement should be reached with the Consortium in order to provide such technical assistance.

6. Workshop

After a detailed analysis of the letter and outline for proposal sent by the Consortium, the following points were agreed upon:

1. It was felt that the mechanism proposed by AID/Washington to fund the workshop would add a significant amount of bureaucracy and would be more cumbersome mechanism than the arrangements originally proposed.

2. The Mahidol team, with the assistance of Jean Baker from the Population Council, will prepare a draft of a proposal to be mailed to the Consortium. Given the fact that the Infant Feeding Practices Survey is just starting, no significant amount of time will be available to develop this proposal during the next month.

3. In terms of the audience and format for the workshop, we discussed several approaches, but there was consensus that:
(a) The workshop should preferably be held outside Bangkok.
(b) The format should include the active participation of policymakers in the presentations and panel discussions. The results of the project should serve as background as well as actual data to support some of the points to be raised as policy

relevant to Thailand. (c) A wide range of participants was discussed but some concern was raised about possible difficulty with including people from the upper levels of government with people working more at the community level. (d) The language of the workshop will be Thai with simultaneous English translation for foreign participants. (e) The date of the workshop was tentatively agreed as the first week of May 1983. (f) Priority objectives based on priority policy needs for infant nutrition in Thailand should be established.

The Population Council regional office offered some assistance with the workshop. A limited amount of resources could be available from the Regional Office to be used in aspects such as publication of proceedings, dissemination of results, etc. I agreed to discuss this point with the Consortium in New York in order to formalize such an agreement.

7: Technical Assistance

It was made clear that with the pending AID budget supplement to the Consortium, 3 one-week trips to Thailand would be available during 1982 to provide technical assistance.

Initial agreement was reached that such technical assistance will be desirable in the following areas:

(a) Marketing- The possibility of Jim Post providing technical assistance both to Deemar and Dr. Thonglaw when data collection is completed was considered highly desirable given the problems and delays observed in the marketing component.

(b) Ethnography - Phase 2 will be carried out once the survey is completed. Technical assistance will be needed at that stage. Given the fact that Penny will be attending a meeting in Singapore during the week of June 21, the Thai team considered it appropriate that she make a visit to Thailand immediately after her workshop.

(c) "Substantive Analysis" of the Infant Feeding Survey
-Priority was assigned to obtain technical assistance from the Consortium at the time that the actual data analysis plan, in terms of content, is decided. There was agreement that a senior member of the Consortium with a global view of the overall study would be the most appropriate person to provide such technical assistance.

The Thai team will further discuss this aspect and will request the technical assistance whenever considered appropriate in the near future.

8. Budget

The second year budget was discussed with Dr. Somchai. The total amount to be allocated for the May 1-December 31, 1982 period is approximately \$20,000. This budget includes salaries, supplies, communication, and administrative costs. Dr. Somchai is considering some changes in the amount of money allocated within the salary items based on his experience regarding the amount of work contributed by the different project staff.

9. Conclusions

1. It became clear to me that the project at Mahidol University is progressing reasonably well. Dr. Somchai and the immediate staff working with him are devoting a significant amount of time to the project and seem to be strongly committed to it.

2. The Infant Feeding Practices Survey is finally under way and everybody feels that it is well planned and conceived. Nobody predicts any major problems as far as implementation is concerned.

3. The marketing component is the one that is presenting problems. Immediate decisions need to be made by the Consortium in conjunction with Trost Associates in terms of how to proceed.

4. There is a need for better communications between the Consortium and the Thai project team. How to accomplish this without overwhelming them with letters and memos is the difficult question. We have underestimated what an arduous and time consuming task it is for them to write and even type English responses to our inquiries and the required reports.

5. It appears that much of the analysis can be done in-country. However, this does not preclude the need for technical assistance, especially with respect to developing the approach for "substantive analysis" and effective integration of all study components.

SCHEDULE OF I.A. VISIT TO BANGKOK

February 12-17, 1982:

- Feb. 12: Arrival in Bangkok. Transfer to Hotel New Imperial
- Feb. 13, 10 A.M.-12 M.: Meeting with Dr. Somchal to discuss purpose of T.A. visit and schedule
- Feb. 14: Open
- Feb 15, 9-9:30 A.M.: Meeting with Dr. Debhanom Muangman, Dean, Faculty of Public Health, Mahidol University
- 10 A.M.-12 M.: Overview and update of project's progress - Dr. Somchal
- 12 M. - 1 P.M.: Lunch
- 2-3 P.M.: Meeting with Chris Andrews (Managing Director) and Somchal Anuman (Research Executive) at Deemar (See list of participants in Report)
- 3-4:30 P.M.: Meeting with Jean Baker (Population Council)
- Feb. 16, 9-11 A.M.: Infant Feeding Practices Survey - Dr. Somchal and Ms. Chatkaew
- 11 A.M. - 12 M.: Marketing and Health Services Infrastructure - Drs. Thonglaw and Somchai
- 12 M. - 1 P.M.: Lunch
- 1-4 P.M.: Data Analysis of I.F. Survey and Sampling Frame for Health Services Infrastructure Interviews - Drs. Anek, Thonglaw, and Somchai, and J. Baker (Pop. Council)
- Feb. 17, 9-11 A.M.: Wrap-up meeting with Drs. Somchal Thonglaw
- 11 A.M. - 12 M.: Final discussion with Dr. Somchal on Deemar's situation and scope of work.

Feb. 17 (continued)

12 M. - 1 P.M.: Lunch

1-2:30 P.M.: Final meeting - Conclusions and future activities. Drs. Debhanom, Somchal, Thonglaw, and Ms. Chatkaew (Mahidol University), and B. Baron and J. Baker (Pop. Council)

4 P.M.: Leave Bangkok for Jakarta

LIST OF INDIVIDUALS MET IN THAILAND

Mahidol University:

Dr. Debhanom Muangman
Dr. Somchal
Dr. Anek
Dr. Thonglaw
Ms. Chatkaew
Ms. Valaitip

DEEMAR:

Mr. Chris Andrews
Dr. Sunchal

Population Council

Mr. B. Baron
Ms. J. Baker

A P P E N D I C E S

Progress Report on Marketing Component-Thailand

(Based on Scope of Work for Dr. Thonglav)

During October 1981 to January 1982

Demographic Research :

1. All manufacturers and importers of infant formulas and dairy products were located with complete addresses.
2. Bibliography of available information is being compiled in the File.
3. Preparation of specific demographic profiles of Bangkok, Thailand are in progress.
4. Input for consumer Behavior questionnaire development was done through the provision of complete product list.

Secondary Data Search - - Infant Care, Medical :

1. All hospitals , clinics and health centers engaged in infant feeding were located and listed.
2. Bibliography of available information is being compiled in the file.
3. Summaries of surveys - not yet possible.

Medical Infrastructure :

1. Narrative summary (with chart) of Thailand and Bangkok medical infrastructure dealing with maternity care and infant feeding is in progress.

Government :

1. Tracing history of government " intervention " concerning infant care will be discussed as parts of medical infrastructure.
2. Laws and policies / cause and effect relationships along with trends and new directions will also be discussed as parts of medical infrastructure.

3. Copies of laws / policies were collected in both Thai & English

Trost Associates (TAI). Summary

1. Review of TAI Summary of U.S. based secondary data search was completed.
2. Some information voids were noted for further clarification. Appropriate questions were designed to have an access on them.
3. Comprehensive summary - not yet possible.
4. SOI Interviews plan was shown on the attached sheet.

SOI Interviews :

1. Questionnaire development was completed - as attached.
2. Determination of sample
 - A. Health Sector
 - 1,2,3,and 4 - see attached plan for sizes
 - B. Government officials and Employees
 1. Policy makers
 2. Policy disseminators (bureau level)
 3. Policy administrators (local level)

Key persons were already identified for appointment to interview.
3. Conduct/control interviewing- partially been done.
4. Qualitative summaries by target area are being put together.
5. No information from DEPCAR
6. Design of Consumer Behavior Q. was finalized.

Retail Audit

1. Not yet possible
2. Not yet possible
3. Not yet possible

Interview Plan for Medical Personnel in Bangkok, Thailand

(Based on Dr. Anek's Suggestion)

Type of Agency	#of Agency in Bangkok	Agency to Interview	# of Interviews per Agency	Total Number of Interviews
Government General Hospital	31	10	5 to 7	50 to 70
Municipal Health Center	43	14	2	28
Midwifery Center	8	4	1	4
Private General Hospital	54	18	3 to 5	54 to 90
Modern Clinics	1,821	100	1	100
Traditional General Hospital	4	2	2 to 4	4 to 8
Traditional Midwife	1	1	1	1
Maternity Clinics	23	7	1 to 2	7 to 14
Total	1,995			248 to 305

Note : Personnel to be interviewed

Hospital : 1 Administrator, 2 Physicians (Pediatrics & OB-Gyn),
2 Head Nurses, 2 Midwives

Mun.H.C. : 1 Administrator (Physician), 1 Head Nurse

Midwifery : 1 Administrator (Physician / Midwife)

Clinics : 1 Physician

Mat.Clinics : 1 Administrator (Physician/Nurse-Midwife), 1 Midwife

Approximately 50 - 60 executive interviews will be done by Senior Staff (Dr.Thongle

**Type and Number of Health Care Agencies in Bangkok Metropolis as Compared
to Nation-Wide in Thailand in 1978***

Types of Agency	Bangkok	Nation-Wide
1. Government	95	5,754
1.1 Hospitals	31	188
1.2 District Hospitals/Medical & Health Centers	-	310
1.3 District Health Centers	-	3,606
1.4 Municipal Health Centers	40 (43)	-
1.5 Military Centers	8	2,634
1.6 MCH Centers	-	5
1.7 Other Specialized Agencies	16	11
2. Private	2,386	4,416
2.1 Hospitals	51 (54)	141
2.2 Clinics (Modern)	2,821	3,466*
2.3 Clinics (Traditional)	495**	709
2.5 Maternity Clinics (Modern)	19 (23)	100
Total	2,481	10,170

*Source : The Guide for Long-Range Health Development by Yuthana Sooksamiti
M.D., Director of Health Planning Division, Office of the Under-
Secretary of State for Public Health, Ministry of Public Health,
Bangkok, Thailand, 1980.

Note: Number in the bracket are the 1981-figure.

**Only 5 out of 495 clinics are involved in providing M.C.H. services.

**Type and Number of Selected Health and Medical Personnel in Bangkok Metropolis
as Compared to Nation-Wide in Thailand in 1979**

Type of Personnel	Bangkok Metropolis	Nation-Wide
Physician	3,845	6,395
Dentist	741	1,122
Veterinarian	127	185
Pharmacist	906*	1,266*
Nurse-Midwife	1,818	6,661
Nurse	5,595	8,166
Midwifery (1 st Class)	915	1,322
Midwifery (2 nd Class)	231	5,810

Not include pharmacists working with pharmaceutical company.

Source : Health Statistics Division, Office of the Under-Secretary of State for Public Health, Ministry of Public Health, Bangkok, Thailand.

**Type and Number of Drug Stores in Bangkok Metropolis as Compared to
Nation-Wide in Thailand during 1980-81.**

Classification of Drug Store	Bangkok	Nation-Wide
Type I (Modern)	1,281	981
Type II (Ready-Packed)	691	4,367
Type III (Traditional)	1,628	5,226
Total	3,600	10,574

Source : Medical Registration Division, Office of the Under-Secretary of State for Public Health, Ministry of Public Health, Bangkok, Thailand.

**Type and Number of Private Health and Medical Services in Bangkok Metropolis
as Compared to Nation-Wide in Thailand in 1980**

Location	Without beds to stay overnight		With beds to stay overnight	
	Modern Practice	Traditional Practice	Modern Practice	Traditional Practice
Bangkok Metropolis	2,386	447	79	2,920
Outside Bangkok	2,841	210	181	3,240
Nation-Wide	5,227	657	260	6,160

Source : Medical Registration Division, Office of the Under-Secretary of State for Public Health, Ministry of Public Health, Bangkok, Thailand.

**List of Manufacturers and Importers of Infant Formulas in Bangkok,
Thailand in 1981**

Name and Address with Phone Number	Infant Formula
1. <u>Manufacturer</u> :	
1.1 Dumex Co.Ltd. 829/1 Chareonnakorn Rd., Klongtonsrai, Klongsarn, BKK. <u>Tel.</u> 4667050-2	DUMEX DUMILK MAMEX
1.2 Tia Hong Seng Ltd. Partnership 38/3 Mu.5 Soi Planganusorn Sooksavadi, BKK. <u>Tel.</u> 4680152	MONDIA
1.3 Chitralada Dairy Farm Chitralada Palace, Rajvithi Rd., BKK. <u>Tel.</u> 281-1847	SUANDUSIT (Whole-fat and non-fat milk)
2. <u>Importers</u>	
2.1 Diethelm & Co. Ltd. 280 Charoenkrung Rd. Sampanthavongse, BKK <u>Tel.</u> 2211121-5	NAN, LACTOGEN, BEAR, PELARGON, NESPARY, SUSTAGEN
2.2 Import Sookasem Ltd. Partnership 99/7 Visuthikasat Rd., Bangkhumprom BKK. <u>Tel.</u> 2811567	S-26 MOLLY
2.3 Borneo (Thailand) Co. Ltd. 1041 Bilom Rd., Bangrak BKK. <u>Tel.</u> 2342080	BIMILAC (Yellow & Green)
2.4 A.N.B. Laboratory (Amnuay Pharmaceutical) Co.Ltd. 39/1 Raminthra Rd., Kannayao Bangkapi, BKK. <u>Tel.</u> 5109111-5	MEIJI

Cont.

Name and Address with Phone Number	Infant Formula
2.5 Osotsapha (Tek Heng Yoo) Co. Ltd. 2120 Sukumvit 71 Klongton Bangkapi, BKK. <u>Tel.</u> 3777121-31	SNOW P7A SNOW P7r
2.6 Bristol-Myers (Thailand) Co. Ltd. 41/1 Soi Somprasong 3 Petburi Rd., Phyathai, BKK. <u>Tel.</u> 2511303-4	ALACTA-NF, ENFAMIL ENFAMIL with Iron
2.7 Carnation (Thailand) Co. Ltd. 98 Sukumvit 26 Klongton Phrakanong, BKK. <u>Tel.</u> 3925142	CARNATION
2.8 Muller & Phipps (Thai) Co. Ltd. 306 Silom Rd., Suravongse, Bangrak, BKK. <u>Tel.</u> 2332461-3	KLDM

Source : International Trade Department, Ministry of Commerce, Bangkok, Thailand. (Except 1.2 & 1.3).

Store Classification for Retail Trade

This group includes establishments primarily engaged in re-sale (sale without transformation) of new and used goods to the general public for personal or household consumption or utilization. The retailing establishments may be shops, department stores, stalls, gasoline service stations, retail motor vehicle dealers, hawkers and peddlers, consumer co-operative, auction houses, etc.

Most retailers buy and sell on own account but some may act as agents for a principal and sell either on consignment or on a commission basis. Establishments primarily engaged in selling to the general public, from displayed merchandise, products such as typewriters, stationary, petrol, are classified in this group though these sales may not be for personal or household consumption or use.

However, establishments which sell such merchandise to institutional or industrial users only, are classified in the division of wholesale trade. Repair and installation services rendered by establishments primarily engaged in retail trade are included in this division.

This division is divided into 9 subdivisions.

1. General stores

This group includes establishments engaged in retail sale of a number of lines of merchandise such as dry goods, hardware, food, small ware, apparel and accessories, furniture and home furnishing, cosmetics and toilet preparations.

1.1 Department stores

Establishments carrying a general line of textile goods; major household appliances and other home furnishing; housewares such as table and kitchen appliances, dishes and utensils; cosmetics and other toilet preparations, luggage; books and stationery; radio and television sets; food, etc.

The merchandise lines are normally arranged in separate sections or departments with the accounting on a departmentalized basis. Establishments included in this group should normally employ 20 persons or more.

1.2 Other general stores

Establishments primarily engaged in retail sale of textile, apparel, house wares or home furnishings, watches, hardware, cosmetics and other toilet preparations and other products in limited amount. Establishments with product lines similar to department store are classified in this group if they are relatively small. Country general stores normally selling a variety of daily necessity goods are also included.

2. Food, beverages and tobacco stores

This group includes establishments primarily engaged in sale of food products. They are

- 2 - 1 Meat and meat product sellers
- 2 - 2 Fish and fish product sellers
- 2 - 3 Fruit and vegetable sellers
- 2 - 4 Grocery stores

Establishments primarily engaged in retail sale of food of all kinds such as dairy products, rice, flour, canned food, sugar, spices, fresh and dried fruit and vegetables, fresh or frozen meat and fish, beverages and tobacco. Many establishments to be classified in this group, e.g. supermarkets, may also be engaged in retail sale of cleaning and toilet preparations, table and kitchen utensils, and sometimes also textile and apparel. However, food, beverage and tobacco should normally contribute the major proportion of the total value of sale.

2-5 Other food, beverages and tobacco stores

3. Textile, wearing apparel and leather product stores

This group includes establishments primarily engaged in retail sale of all kinds of textile piece goods, clothing, shoes, socks, underwear and accessories like belts, gloves, millinery, handkerchiefs, neckties, etc.

4. Furniture, home furnishing and household equipment stores

This group includes establishments primarily engaged in retail sale of goods for furnishing the home such as furniture, carpets and rugs, glass, pottery, domestic stoves, refrigerators, airconditioners and other household electrical or gas appliances, silverware, lacquerware and antiques, and radio and television sets.

5. Paper and paper product, book and stationery stores

This group includes establishments primarily engaged in retail sale of paper and paper products, books, periodicals, newspapers, and stationery.

6. Pharmacy and cosmetic stores

This group includes establishments primarily engaged in retail sale of medicines and other pharmaceutical products, and herbs and spices for preparation of Thai traditional medicine, perfumes and cosmetics; soap, detergents, and other toilet and cleaning preparations. Some may also carry infant formulas and some kinds of health foods.

7. Building material dealers and hardware stores

This group includes establishments primarily engaged in sale to the general public of timber, other general building materials, plumbing equipment and supplies, and sanitary wares, paints, and general hardware.

8. Transport equipment dealers and gasoline service stations

This group includes establishments primarily engaged in retail sale of automobiles and accessories such as tyres and batteries; motor-driven samplers; motorcycles; boats; pedicabs; bicycles; and gasoline service stations.

9. Miscellaneous retail stores

This group includes establishments primarily engaged in retail sale of goods not elsewhere classified such as gold, precious stones, watches, flowers, used clothing, etc.

"DEEMAR store classification"

RETAIL AUDIT METHODOLOGY

Universe and Sampling Frame

The universe for the base panel consists of all retail provision outlets in Thailand. They are classified according to the following shop types and definitions.

- 1) Supermarkets/supermarkets in department stores -- markets which are self-service and have check-out counters.
- 2) Large provision stores -- all grocery/toiletry outlets with a monthly turnover of ₪50,000 or over.
- 3) Medium provision stores -- all grocery/toiletry outlets with a monthly turnover of ₪20,000-₪49,999.
- 4) Small provision stores -- all grocery/toiletry outlets with a monthly turnover of less than ₪20,000.
- 5) Chemists -- all chemists (drug stores) that have minor toiletries.
- 6) Medicine shops -- all apothecaries with minor toiletries.
- 7) Miscellaneous stores -- all general stores that have minor grocery or toiletries.

The sampling frame consists of the listing of all such outlets conducted by Deemar on a census basis between February-August 1981. For Bangkok, a complete census was conducted.

TRIP REPORT -- THAILAND

June 13 - 19

INFANT FEEDING STUDY

James E. Post
Boston University
June 25, 1982

TRIP REPORT -- THAILAND

June 13 - 19

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Thailand Report

Summary

The purpose of the visit was to provide technical assistance on various aspects of marketing component of project, especially the medical infrastructure, and to receive an update on project developments since Giorgio Solimano's visit in February.

Progress on Marketing: Secondary research on marketing and medical infrastructure is being done in a reasonable manner by Dr. Thonglaw. However, he is far behind in the health system interviews and this impeded technical assistance. Actions were taken to ensure that interviews would be completed in one month. The retail audit is about to begin--Deemar appears to be on course at last. In short, the marketing component will continue to be behind schedule for the next few months. It is not yet possible to predict the quality of the final results.

Project Update:

1. The survey data has been turned over to Dr. Anek and the Mahidol data analysis team which he heads. Key punching, coding, and processing are now underway. Dr. Anek foresees 70% of the data cleaned and ready for analysis by late July.

2. Somchai is relying on the Consortium's assistance with the analytical phase of the project. Somchai anticipates, and the Consortium should be prepared for a major assistance effort.

3. The Workshop proposal is being reformulated to reflect a more politically astute approach to infant feeding policy issues in Thailand. This should better serve the Consortium's objectives in the context of Thai political realities.

Schedule

Saturday, June 12

Evening Arrive Bangkok

Sunday, June 13

Free Day

Monday, June 14

A.M. Meeting with Dr. Somchai, Faculty of Public Health, Mahidol University to review overall status of project and his view of technical assistance needs in marketing area.

P.M. Lunch with Dean Debbano, Dr. Somchai, and Dean Does Samporno, Dean, School of Public Health, University of Indonesia.

Meeting with Dr. Somchai and Ms. Chaekow to review procedures for collecting infant feeding practices survey data. Discussion of NIDA sampling frame versus Deemar sampling plan and development of a "control" to ensure reliability.

Brief meeting with Dr. Thonglaw to fix agenda for next day.

Tuesday, June 15

A.M. Meeting with Jean Baker and Barnett Baron, Population Council.

Meeting with Dr. Thonglaw to review and discuss state of the industry research.

P.M. Meeting with Dr. Thonglaw to review and discuss medical infrastructure interviewing activities.

Meeting with Dr. Anek to discuss survey analysis plans.

Wednesday, June 16

A.M. Field visit to examine marketing practices in Bangkok shops, stores, supermarkets, and drug stores.

P.M. Meeting with Dr. Thavisak and Ms. Chaekow to discuss ethnography and relationship to marketing activities. Walking tour of open market area near university.

Schedule (cont'd.)

Thursday, June 17

A.M. Free

P.M. Meeting at Deemar. Present: Chris Andrews, Dr. Sunchai (Deemar); Jean Baker (Population Council); Dr. Somchai, Dr. Thonglaw (Mahidol). Discussion of retail audit and marketing in Thailand.

Meeting at Population Council with Jean Baker and Barnett Baron.

Friday, June 18

A.M. Meeting with Dr. Thonglaw to conclude review of medical infrastructure activities.

P.M. Meeting with Dr. Somchai, Dean Debhanom, Jean Baker and Barnett Baron to discuss Workshop proposal.

Final review of project activities with Dr. Somchai.

Saturday, June 19

P.M. Depart Bangkok

Thailand Report

1. Purpose

The purpose of the trip was to:

1. Provide technical assistance to Dr. Thonglaw on the state of the industry and medical infrastructure components of the marketing analysis;
2. Discuss plans for the consumer behavior analysis with Dr. Somchai;
3. Receive a general update on the entire project and bring appropriate administrative matters to the attention of the Consortium.

The trip consisted of a one week stay in Bangkok, with meetings occurring at the Faculty of Public Health, Mahidol University, the Population Council offices, and Deemar offices

2. Marketing Component

2.1 Overview

The various aspects of the marketing component remain fragmented, both in terms of responsibilities, and especially in terms of coordination. As in other countries, the ethnographers have many insights into the influence of marketing that are still not being systematically integrated with the marketing field research. This suggests that perhaps the most difficult task in the marketing area will be the eventual integration of various pieces into a coherent report on the infant foods industry and its influence on infant feeding choices. Each of the component parts of such a report is reviewed below.

2.2 State of the Industry

Dr. Thonglaw has been proceeding very steadily and surely in his secondary research on the infant foods industry. Just prior to my visit, he sent a large package of materials to Al Ritchie at Trost Associates, including information

about the industry and the medical infrastructure. I reviewed these materials while in Bangkok, and discussed such matters as the Thai version of the WHO Marketing Code in detail. My principal concern in this area is that since Thonglaw is not an economist or marketing specialist by training, he may tend to miss some of the important relationships among industry participants. This could be resolved, in part, by more communication between Thonglaw and the Deemar staff. The suggestion was made, but it is doubtful that regular communications will occur.

2.3 Retail Audit Study

Deemar has finally gotten on track with its activities. During a meeting with Chris Andrews and Dr. Sunchai, the technical plans for the auditing were discussed. Dr. Sunchai said that the audit team would be in the field to begin data collection within one week. Copies of the audit forms to be used were provided. Interviews with retailers will occur at the same time data is collected. All of this work should be completed within one month, and the materials sent to TAI for analysis. Once the audit is complete, Deemar will proceed to complete other industry interviews.

Because the NIDA sampling frame, which was used for the infant feeding practices survey, and the Deemar sampling frame (organized by store types and sizes) are considerably different, I suggested to Dr. Somchai that the Mahidol team do a "control audit" to verify that the Deemar findings are consistent with availability and pricing in the blocks actually used in the survey. We developed a plan whereby several of Somchai's interviewers will return to 8 of 83 blocks used in the survey, and do a mini-audit of product availability, pricing, and point-of-sale advertising in the stores and markets in the block. We agreed that the blocks to be selected would include those with large numbers of eligible households (i.e., infants) and relatively convenient to reach.

Since it is only intended as a control, it need not be systematic among all 24 districts in Bangkok.

2.4 Medical Infrastructure

Dr. Thonglaw has prepared some very informative materials about the formal medical system and the health care administration system in Thailand and the city of Bangkok. Some of this has been sent in the May 28th mailing to TAI.

The most disappointing finding of the trip was that less than fifty percent of the medical infrastructure interviews with administrators, physicians, and nurses were complete. We had been led to believe, as had Jean Baker, that nearly all were completed. Dr. Thonglaw indicated that the delay was attributable to the difficulty of securing an appointment with the 22 administrators. Apparently, Thonglaw has wanted to do each of these himself (since he teaches health administration they would be useful contacts), but has delayed having his interviewers do any other interviews until these could be completed. Given Thonglaw's busy teaching schedule, and his administrative responsibilities in developing new Masters and Doctoral programs, I felt it necessary to press the issue with Somchai and Dean Debhanom else we find ourselves waiting until December for the full 108 interviews. After several discussions among the four of us, Somchai agreed to provide some additional interviewers for Thonglaw; Dean Debhanom agreed to make phone calls to arrange the administrator interviews; and Thonglaw agreed to press forward during the next month.

Thonglaw raised the question of coding the data from the 108 interviews and making a computer tape. I was not enthusiastic. Instead, we discussed two kinds of analytical reports based on the interviews. First, a one-two page "profile" of each hospital, health center, and clinic will be drawn from all interviews done at the facility. This will provide a look at practices in different types of institutions. Second, a qualitative report will be provided for each

occupational group (administrators, physicians, social workers). The number of interviewees in each occupational group is so small (the largest is 22 administrators) that hand tabulations seem sufficient. Given that it would also cost about \$100 for key punching and preparation of a tape, and that more delay would be encountered, I urged Thonglaw to focus his energies on the data collection and use a more appropriate approach for the analysis.

Dr. Thavisak expressed some concern about the interview questionnaires being used by Thonglaw. Thonglaw and I discussed the matter, but Thavisak was unavailable for a meeting. Thonglaw agreed that he and Thavisak would review the questionnaires together.

2.5 Consumer Behavior

Dr. Somchai and I spent most of one day discussing the consumer behavior component, and what was expected to be gleaned from the survey data. I reminded him of the earlier consumer behavior background memo, and we discussed a number of examples using questions from the Thai questionnaire. In addition to the recently sent consumer behavior part of the analytical plan, it is probably important that Virginia and I discuss this in greater detail so as to provide better technical assistance on data analysis.

2.6 Administrative Issues

Administrative coordination remains a need in several distinct ways. First, Somchai is still not closely overseeing Thonglaw's work. I did stress the importance of this to Somchai, however. Second, I asked Deemar to keep Somchai informed of progress, and to copy Somchai on correspondence and materials sent. Without this, Somchai's ability to further integrate the marketing information into his understanding will be impeded. This will not be sufficient, of course, but it may be helpful. Chris Andrews agreed to do this.

Finally, on the basis of materials sent and work completed and underway, I recommend that the second payment to Thonglaw be released immediately. He has no funds left to even compensate his interviewers, and I can see no reason to withhold this payment any longer.

3. Project Update

3.1 Infant Feeding Practices Survey

The survey questionnaires have been turned over to Dr. Anek and the Mahidol data analysis team. Dr. Anek explained his arrangements for coding, key-punching and cleaning of data, and the use of off-site computer facilities. Dr. Anek tried to prepare a frequency printout of responses from the 28 cases studied in phase one ethnography, but a problem with the program prevented him from delivering the printout before my departure. (Dr. Somchai indicated he would send the printout, especially since I stressed that it would be helpful to whomever made the content analysis visit scheduled for July.)

Dr. Anek mentioned that each questionnaire requires 12 key-punched cards, rather than the 6 cards they had originally estimated. In response to questions posed in the analytical plan, he gave the following answers:

- 1600 bpi
- EBCDIC
- Standard Labels
- Fixed Record Length
- Blocksize: 2,000

A 600' tape will cost \$25; a 1200' tape will cost \$40. The Consortium has the option of having Dr. Anek prepare the tape in the format of 3 or 4 master tapes or a single master tape with frequency responses to each question.

Several issues should be discussed by the Consortium before the next Consortium visit to assist Somchai with data analysis. First, since the computer facilities are located away from the campus, and there are no direct terminal tie-ins, more time will be required to get the data printouts. There are two

practical implications: (1) a detailed work plan for the tables desired should be sent to Somchai well in advance of the next Consortium technical assistance visit; and (2) the next technical assistance trip might be planned for two weeks rather than one. My distinct impression was that all of the programming and computer analysis is simply going to take much longer than we are accustomed to in the U.S.

3.2 Ethnography

The time spent with Thavisak was too short, because he is an absolute fountain of information on marketing practices, health system participation in the marketing of infant foods, and social customs. Unfortunately, his automobile accident had left him unable to work for more than short periods of time. He did indicate, however, that the phase 2 ethnography was including a closer look at marketing practices in the health care system.

3.3 Workshop Proposal

Jean Baker, Barnett Baron and I discussed the first version of the workshop proposal early in the week, and agreed to think about ways to give it more of a policy orientation. During the next few days, information about the Thai version of the WHO Code was developed, as well as further information about the government agencies that would be appropriate targets for such a workshop. At the end of the week, Somchai, Jean, Barnett, Dean Debhanom and I spent an entire afternoon talking about the workshop.

An important issue in Thailand, as in Indonesia, is making the transition from thinking about research tools and data into thinking about areas for policy action. The group found the following diagram helpful in making that transition for the purposes of planning a workshop aimed at policy makers.

<u>Research Tools</u>	<u>Policy Action Areas (Substantive Info. Areas)</u>	<u>Possible Government "Clients" for Research</u>
Ethnography IFP Survey	Employment (Role of Mother's Work)	- Min. of Labor
	Mother's Health Status and Attitudes (e.g., insufficient milk)	- Min. of Health
	Health Care System (practices and advice)*	- Min. of Health
	Marketing (practices)	- FDA (regulatory powers) - Min. of Commerce & Trade (Code responsibility)

*Special studies, in addition to ethnographic and survey data.

In addition to government agencies, we agreed that the media, infant foods industry, and general public would be more inclined to pay attention to the research if it was presented in terms of these action areas which are, of course, the determinants of infant feeding that we have been studying.

Jean Baker and Dr. Somchai will work on a second draft of the workshop proposal, and will also include a more realistic budget. The plan will include a two day working session with technical staff from various agencies. This should produce some points of consensus in the policy areas mentioned above. This would be followed within a week or two by a presentation to senior government officials with the endorsement of participants at the workshop. As in Indonesia, there is a need to build support for the research in advance of the workshop, and a process was discussed by which this could begin with the next visit of a Consortium principal investigator to Bangkok.

3.4 Administrative Issues

There are three administrative issues that need to be recognized by the Consortium. First, Somchai is relying heavily on the Consortium for the

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analytical phase of the project. We must be sensitive to the technical assistance needs, both in the near term and in future analysis. Second, there continue to be some difficulties in coordination among the various actors in Bangkok. Somchai is very sensitive about Consortium monitoring of the project, but as the situation with Thonglaw illustrates, some things are either not being picked up or dealt with as well as we might hope. Another aspect to the integration issues is the need for Somchai's group to have regular meetings of all participants as the data analysis proceeds. Without these, it is unlikely that the synergy of multiple perspectives will occur. Somchai said that he would arrange such meetings, but the point should probably be reinforced whenever possible. Thavisak and Thonglaw can, I am sure, make useful contributions to the analysis of the data if Somchai will include them in the discussions.

Third, there is a need for some Consortium policy on publication of papers. During an alumni meeting at the University, Somchai prepared a display about this project. He included a Thai version of the conceptual framework paper as a Mahidol working paper, with adaptations to the Bangkok study. What is the appropriate authorship of such a paper? Somchai, himself, was unclear about the Consortium's policy.

4. Conclusion

4.1 Marketing Component

The secondary research completed by Dr. Thonglaw has been well done, and I believe we can anticipate equally good quality in the remaining work. Thonglaw's problems are strictly those of a good person being overworked. We will

have to continue to urge Somchai to require Thonglaw to complete his work on time.

The retail audit component appears to be in good hands with Deemar.

The consumer behavior portion of the IFP Survey will require further assistance and support from the Consortium.

Overall coordination of the preparation of the marketing report will continue to be a major difficulty. It is unlikely that a draft marketing report can be prepared before September or October.

4.2 Overall Project

The stage is set for analysis of the survey data. Integrated analysis will be difficult to accomplish, however, and reinforcement of the need for integration should be given wherever possible.

A revised workshop proposal should be forthcoming soon, with more of the policy emphasis the Consortium has sought.

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FINAL

Infant Feeding Study
Thailand Trip Report
June 25 - July 12, 1982

- 1) **Schedule of Activities**
- 2) **Summary of Activities and Discussions**
- 3) **Documents Appended**

Penny Van Esterik
Cornell University

FINAL

Infant Feeding Study
Thailand Trip Report
June 25 - July 12, 1982

- 1) **Schedule of Activities**
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Penny Van Esterik
Cornell University

1. Schedule of Activities

- June 25 -travel to Bangkok, Thailand
- June 26 -spoke with Dr. Somchai who was not able to see me until Monday
- June 27 -rested and reviewed Thai project objectives
- June 28 -AM - meeting with Dr. Somchai
- meeting with Dean Debhanom
- PM - reviewed phase 1 report with Dr. Somchai, Ms. Chatkaew and Ms. Valaithip
- June 29 -AM - worked with Tavisak on phase 1 revisions and plans for phase 2
- PM - reviewed phase 2 fieldnotes with Ms. Valaithip and Ms. Chatkaew
- June 30 -AM - meeting with Jean Baker and Barnett Baron, Population Council
- PM - observed with ethnographers several sites described in phase 2 ethnography, eg) OPD, obstetrics ward, health education rooms, nurses residence, staff lunch room (Rajvithi), surgical ward, OPD (Children's Hospital).
- July 1 -AM - reviewed photographs and slides, labelled photos and chose slides to be copied
- PM - interviewed at the "College of Traditional Medicine," Wat Po, on traditional drugs used for childbirth and lactation
- visited traditional drug stores to inquire about drugs given to increase milk supply (assisted by Ms. Valaithip)
- July 2 -AM - reviewed and revised workshop proposal with Dr. Somchai and Jean Baker
- PM - reviewed phase 2 fieldnotes
- July 3-4 -(spent weekend with Jean Baker and David Oot; team was not available to work)
- July 5 -University closed for Khao Phansa, start of Buddhist lent
- (had appointments with Tavisak at the hotel but he could not come)
- July 6 -University closed
- AM - worked with Somchai on correcting translation of survey instrument
- translated code book
- PM - visited Coordinating Group for Religion and Society, and Consumer Protection group to discuss their work on marketing of infant formula

- July 7 -AM - worked with Tavisak on phase 2 fieldnotes
 -PM - met with Anek to review the survey results for the ethnographic sample
 - met with Dr. Santhat to review the interpretation of the phase 1 ethnography
- July 8 -AM - worked with Tavisak on phase 2 fieldnotes
 -(this was graduation day for Mahidol University; very difficult to meet with team)
 -evening - attended a lecture on the status of women in Thailand, Dr. Pasuk Phongpaichit at the Siam Society)
- July 9 -AM - worked with Tavisak on phase 2 fieldnotes
 -PM - luncheon given by Nutrition Institute and address by Dr. Nevin Scrimshaw
 - met with Dr. Aree Valyasevi
- July 10 -free
- July 11 -AM - met with Tavisak to discuss plan of analysis for phase 2 ethnography
 -PM - wrote report outlining suggestions for phase 2 analysis
- July 12 -AM - meeting with Tavisak, Somchai and Jean Baker to review work
- July 12-13 -Travel to New York

2. Summary of Activities and Discussions

The main purpose of this site visit was to revise and finalize the phase one ethnography report, and help prepare a plan of analysis for the phase two ethnography. As in Indonesia, discussions about the survey and marketing components stressed how the ethnographic information could be integrated in a final report.

2.1 Administration

Dr. Somchai is well in control of the Mahidol team and has good administrative support from Dean Debnanom. Dean Subarn is totally removed from the study and the budget, with Somchai dealing directly with Tavisak.

Somchai had no problems with the financial or progress reports and anticipated no problems in preparation of the progress report due the end of September.

Dean Debhanom and Dr. Somchai have given press conferences and seminars about the study; unfortunately they did not provide me with copies of what they presented. There will be a special article in the Bangkok Post Magazine on the classification of milk products given to babies. Although I did not see the material it resembles the memo I gave to the Consortium on translation of milk products in Thailand plus the product categories Jim Post and TAI gave Dr. Thonglaw. I have asked him to send a copy of this to the Consortium.

Workshop Proposal

By now, the revised workshop proposal should have been received by the Consortium. I suggested that early in the presentations before the discussion of determinants, the team present an overview of the actual infant feeding patterns using survey data and case studies. This suggestion was not incorporated, but I still think that it is important to present this before discussing determinants. The team is very confident about the workshop and does not anticipate any problems.

2.2 Marketing Component

The marketing component was reviewed during Jim Post's visit. However, there were areas of possible overlap and potential integration with the ethnographic component.

The phase two ethnography conducted in hospitals and clinics around Bangkok should link up well with the medical infrastructure and give a good picture of the promotion of infant formula from the perspective of the consumer.

They have found the most active promotion is to nurses in hospitals, with ex-nurses in senior positions returning to their hospitals as detail persons for companies. The detail persons interviewed would speak only if the company they worked for would not be identified. The marketing strategies to hospitals and clinics are substantially different. This should be clear from the phase two report. Since the hospital policy is to promote breastfeeding, I doubt that the nurses will report on the commissions they make on infant formula.

Tavisak tested the medical questionnaire and had the two phase two ethnographers use it at Rajvithi Hospital. They found it difficult to use and made suggestions for improving it. As far as I know, the questionnaire has not been revised.

Ms. Chatkaew is doing a number of the medical infrastructure interviews at Rajvithi. However as staff dietitian, she is not entirely without biases and quite often tells people what they should have said. (She corrected the ethnographers when they reported on their interviews with new mothers; "they could not have received formula at Rajvithi").

I asked that the information on the medical system in Thailand sent to TAI be given to Tavisak to integrate with the phase two ethnography. Unfortunately, Thonglaw was not able to show me a copy of this material. (It would be useful for me to see it if the Consortium has copies.)

Thonglaw completed the secondary research on the food and nutrition program in Thailand and gave me a copy to distribute (see enclosed documents). Although I left messages with Deemar that I would like to meet with them, there was no response.

The WHO Code has been translated into Thai and modified slightly. Article 10 on quality control in the English code has been split into two

articles in the Thai version, one referring to quality control in the milk products, and one, quality control of feeding equipment (bottles and nipples).

2.3 Infant Feeding Practices Survey

Dr. Somchai seems confident that the team can provide the preliminary tables from the survey without technical assistance. He stressed the need for help with interpretation of results and policy implications. For this, he suggested that he needed a PI. However, I concur with Jim Post that it is much more likely that basic help with data analysis is necessary before that stage. The Population Council in Bangkok should be able to advise the Consortium about these mixed messages regarding technical assistance.

The 28 cases from the ethnography were separated out. I have a print-out of the frequencies for selected questions and the actual responses for each question. However, Dr. Anek and Dr. Somchai have different systems of identifying the cases, and I do not have the codes identifying the mothers yet. When this is sent, we will know whether most of the missing cases are from Central Plaza.

Dr. Anek was concerned with the length and complexity of the questionnaire and said that the editing and cleaning was taking longer than he anticipated. However, he anticipated having tables ready by September.

The code book was prepared in Thai (copy enclosed). I helped with the English translation but the final copy was being xeroxed as I left. It should arrive shortly.

Dr. Somchai identified some words and phrases in the English version of the survey instrument which he wanted to correct. There are potential problems in the translation of the milk products. There will be few problems in the identification of milk products used when the brand is identified. Nom pason which means "mixed milk" is translated as infant formula

but it includes all kinds of milk powders (whole milk powder, skim milk powder, etc.). In many questions where the brand is not specified it might be more accurate to translate this as commercial milks:

<u>question</u>	<u>changes</u>
12	breastfeeding → breastmilk
17	with relative <u>out of town</u> → in a rural village
20	foster mother → wet nurse
22	no (if no, go to Q 24)
26	public health center → Health Care Center
33	breastfeeding → breastmilk
41	are you satisfied with breastfeeding?
73	what were the first foods that you gave the baby?
75	Note that "formula milk" in the 24 hr record includes all mixed milks <u>and</u> sweetened condensed milk
93	add option 9 - yourself
99	breastfeeding → breastmilk
103	option 4 - midwife
118	(1) spoil the shape of breasts so that they sag or droop (2) delays pregnancy (10) requires mother to avoid prohibited foods
119	attitudes--Thai reads agree / disagree (12) breastfeeding keeps you from having sex
121	household structure -nuclear family (father, mother and unmarried children)
134	kitchen -option (3), kitchen is not separate
139	-tenant → live in someone else's house rent free
141	option (4) - single
148	

ever heard?	source of information	ever used?	why?
yes no		yes no	

(Note that translation of formula milk includes all milks--there is a product list also)

- 150 -formula milk -- refers to all milks
 -option (3) - children grow fast
- 152 2 lb can → 2½ lb can
- 155 Health Care Center

2.4 Phase one Ethnography

I was very pleased with the work of the Thai team on the ethnographic report. However, since both Somchai and Tavisak asked for suggestions on revising the report, I suggested that they make certain revisions and add a section with more observations of infant feeding. I wrote most of the corrections into Somchai's copy of the report. In addition, I left a memo (Appendix A) on revising the report.

2.5 Phase two fieldwork

The fieldwork for phase two was much more efficient and better recorded than the fieldwork for the first phase. Nevertheless, in discussing specific cases, Tavisak and I constantly made references to observations or cases from the phase one report. It is possible that the preparation of the phase two report will also stimulate some rethinking of the phase one results.

I have copies of over 200 pages of typed fieldnotes (in Thai) on observations from Rajvithi Hospital, Children's Hospital, Central Hospital, Huacheay Hospital and several health centers. Notes from Pra Mongkut and Siriraj and Vachira Hospital were still being typed. The problem of translating and analyzing these cases will be extraordinary. Again, Somchai is unwilling to use funds for translation. Tavisak is prepared to use his (small) salary for this, since it would save him a great deal of work. The team will try to have sections 3 and 4 ready by the end of September.

After several days of taping the ethnographer's summaries of cases and experiences (in Thai), I left the team with the suggestions indicated in Appendix B.

Photographs

During the site visit, I asked Ms. Chatkaew to label the photographs used to illustrate the phase one report so that the index mothers could be identified. In addition, all slides of index mothers and neighborhoods were copied but the slides were not ready when I left (Consortium paid for the copies.)

Follow-up

- 1) Dr. Somchai is very interested in publicizing the study and co-authoring papers, but the Consortium may want to clarify this first.
- 2) Tavisak has written substantial comments and illustrations for the ethnography methods paper. I will write this up when other country teams have replied.
- 3) It may be difficult to keep Tavisak working on the phase two report. If he had help with translating, his load would be reduced.
- 4) The marketing team might want to investigate what happened to Ora's fieldnotes on marketing within the ethnographic communities.
- 5) If at all possible, Ms. Valaithip should be more involved in the study. She has not been a paid member of the team since around February. She is still a valuable resource (but I think she is part of a "community nutrition faction" which does not support Somchai).
- 6) The fieldnotes for Central Plaza and Senanikom are missing, and notes for Din Daeng and Pasicharoen are not complete. These should be found and copied for office use.
- 7) Ms. Mallika presented a paper on weaning practices in Pasicharoen using the ethnographic data. This material is not in the phase one report and the Consortium should have a copy of it.

8) The team is expanding the glossary in the back of the phase one report.

It might be useful to include terms and phrases used in all three components in one glossary. Suggestions for entries could be passed to me or forwarded directly to Somchai.

3. Documents Appended

- Memoranda to the research team
- Secondary research on Ford and Nutrition Program in Thailand

Memorandum on Phase 1 Report

Revision of Phase One Report

The phase one report makes a serious effort at presenting the findings from the first phase of research. Given the training of the students and their lack of experience with qualitative methods, they did a remarkable job. I recognize the problems that developed when the analysis and report had to be prepared, and there is no use complaining that the "ethnographers should have written their reports" etc.—you have heard that from me before. However, there are things that could be done to improve the report and make it more reflective of the considerable accomplishments of the team. If you are willing to put a little more work on the report, the following would be important to include: (or change)

- 1) -add /AD dates to Thai dates (mostly 1980-81)
- 2) -all names must be changed—use initials or nicknames not related to the names of the informants
- 3) -add references cited in report in final bibliography (there may be other useful references to include)
- 4) -don't forget to underline Thai transcriptions in the text (sometimes I did it in your copy—not consistently)—then it is easy to check and see if the words are in the glossary. (I will send the transcription system - use—I sent a copy to the Population Council, so I presume they may use it too.)
- 5) -number plates and tables—plates still need written labels of explanation.
- 6) -if at all possible, please keep a full set of phase 1 fieldnotes in the office so they will be available for reference.
- 7) -somewhere in the sketches of the index mothers, you need to add the approximate age of the baby at the last visit.

If it would be possible to retrieve the fieldnotes from all communities, there are several intriguing questions which the notes might help explain. (Perhaps these are points that I raise after reading the report-- things I would like someone to explain to me)--perhaps they could be brought up in the conclusions.

- 1) -no mention is made of ethnicity as a factor in infant feeding patterns-- other studies in SE Asia indicate that Chinese infant feeding patterns are often distinctive. There is no mention of Thai-Chinese, or Chinese identity in the analysis--some mention of families being Chinese--this requires more careful examination I think.
- 2) -there are no comparisons between the communities--which one has wealthier families or more health services--a comparison might show areas requiring further analysis.
- 3) -there is a suggestion in the case studies that many women started breastfeeding two weeks or more after the baby's birth. I would want to check these notes carefully to see if there was any mistake--or else this is an important topic which requires comment, if not further research. I suspect what is happening is that mothers were using artificial feeding, as well as breastfeeding from birth. --after a few days/weeks of mixed they shifted to breastfeeding alone--possibly because of cost or inconvenience--whatever the reason, it is something worth checking.
- 4) -there are also questions raised in the sketches regarding contraception --are there any more details in the fieldnotes about contraceptive pills, injections, sterilization etc.--and how these relate to infant feeding?
- 5) -the discussion of work in the last chapter is very negative re breastfeeding. Greiner's and my paper on work and breastfeeding show some of the complexities. You should tone this down somewhat if you want to make policy suggestions which would encourage working women to breastfeed. I marked some of the contradictory statements in the last chapter.

Suggestions for Revision of Santhat's Chapter 5

and expansion to include more information

As I noted in your copy of the report there is a great deal of information on infant feeding in the fieldnotes that is not included in the report. I suggest that Chapter 6 (analysis of patterns) be moved to follow Chapter 4 and expanded to cover the topic of infant feeding patterns more completely. In addition to revisions in Santhat's report (most of which I discussed with him), it might be useful to include pp. 133-139 from Chapter 5--on attitudes. Following the pages on attitudes, the topic of folk-animistic beliefs could be expanded with two areas covered in the fieldnotes but not analyzed in the report:

- 1) traditional medicines
- 2) food prohibitions of mothers and infants.

Both these topics would follow logically and are not discussed elsewhere.

Other topics which need coverage could be fitted in this chapter. They include:

- 1) -food preparation, including preparation of infant formula
- 2) -breastfeeding frequency, duration, or anything on observations ethnographers made on breastfeeding mothers
- 3) -introduction of solids (expand or explain the chart following p. 139--on food frequencies)
- 4) -none of the 24 hr recall information has been included--if someone could review this and at least write up one or two cases from each community, it would be useful (I suggest Valaithip)
- 5) -activities of mother--the activity recalls could be added to the cases or written up elsewhere in this chapter
- 6) -information on "types of babies" and development patterns of babies was very well done and interesting--it is also missing and could be added to an expanded Chapter 5

- 7) -treatment of sick children—how is their feeding altered? Again, a small section on this could be fit in Chapter 5
- 8) -any more quotes or opinions about breastfeeding or infant feeding in general would be useful

Memorandum on Phase 2 Analysis

Suggestions for Phase 2 analysis

Please keep in mind that I have only reviewed a small number of cases to understand the content of the daily fieldwork. These suggestions, then, are made without an understanding of the total research context (also I have not seen any Siriraj or Phra Mongkut cases).

From this review it is clear that the ethnographers have done an excellent job of interviewing and recording their observations. I make the following suggestions with the hope that they might make your work easier or more effective:

- 1) -if at all possible, have Yothin and Sojitra write most of sections III and IV. The more they review and analyze the fieldnotes, the more they will remember about their fieldwork--encourage them not to summarize but to expand and explain wherever possible.
- 2) -cases that do not appear to "fit" under any section could be included in the appendix with a brief note on what they illustrate.
- 3) -when cases are "broken" up (described under "pre natal" and again under "influence of nurse" for example, make sure that the reader is reminded that this is the same person--eg, identify the case by number or assigned name. (make sure a reader could put every case back together again--reassemble your mothers!)

Suggested outline for phase two report

I. Introduction

(use some information from proposal for phase 2 to explain why you are looking at health service systems in more detail)

- health services and health professionals as important influence on mother
- need for baseline data to suggest possible interventions and policy changes

Perspective

- this study looks at the formal and informal communication of information...
- taken from the perspective of the person using the services...

Methods

(take from proposal)

- stress participant observation and informal interviewing at ___ hospitals and ___ health clinics.
- also key informant interviews with persons with knowledge of traditional medicine, and people who promote or sell infant feeding products.
- (note that you were not really able to follow up mothers to compare the advice they received with their actual practice--need to alter your objectives and methods on this point)

Sample

- brief description of institutions and cases selected...
- characteristics...why selected etc.

Procedures

- describe a day of fieldwork and report writing -- problems in the field-- becoming accepted in the hospital setting etc.

II. Institutional Structure

Somewhere in the study, you need a clear and complete description of the health care delivery system in Thailand. Since the interviews with the health professionals conducted for the marketing study will cover a similar range of institutions, it might be useful to write a single chapter that could be used in both studies. For example, in both studies, you would need to identify:

- government hospitals--relation to Ministry of Public Health (also possible influence of other Ministries, eg, those hospitals with a College of Medicine--are they under the Ministry of Education, or Phra Mongkut, under the Ministry of Defense--does this affect policy in any way?)

- Bangkok Metropolitan Hospitals...
- Health Care Centers...
- Private hospitals.

For phase 2 you would also need to include any differences in policy and practices between these institutions from the point of view of the administration. For example, this might be a good place to present the booklets and posters passed out by the Ministry of Public Health.

III. Informal Communication in the Institutions

A. Prenatal Care

Hospital A - general description of the setting in which prenatal care is given, eg) PP 6-10; PP 66-70

- advice and context (eg, posters, booklets)
- cases illustrating individual users in each setting
 - stress their intentions
 - who influenced them
 - reasons for choices
 - "quotes" as much as possible

Hospital B - general description

- cases -
-
-

Health Care Center A

Health Care Center B etc.

B. Delivery

Hospital A - general description of delivery situation--procedures, etc.

- cases where women discuss delivery
- conversations near delivery room
- Caesarian sections...

Hospital B

C. Post Partum Ward

Hospital A - general description of context

- cases to illustrate specific points
- stress problems facing new mothers
- repeat for hospital B, C., etc.

D. Other Visits to Health Centers/Hospitals

1) post partum checks at hospitals

- general description of context
- specific cases

2) well baby check up at Health Care Center

- general description
- cases
- visits for sick children (cases)
- home visits

3) sick children admitted to hospital

- general description of setting (Children's Hospital)
- cases

Conclusions about

1) informal communication about infant feeding

2) timing of information (best points for intervention--reasons for problems mothers face in hospitals)

-To write conclusions for this section, you may want to examine how advice may differ as mother moves through prenatal, delivery, post-natal, incidents of illness etc., or how mothers are treated depending on their socioeconomic status.

-if you see cases where advice was particularly important for a mother, you may want to return to that case to explain reasons etc.

-you may also want to note whether the formal and informal information communicated to mothers has the same content or "messages".

-note for example, the "attractiveness" of the booklets on breastfeeding put out by the Ministry compared to those supplied by the formula companies.

IV. Information Providers

In this section, you may want to go through the cases identifying sources of information about breastfeeding, infant formula, and infant feeding or case--from the cases I have reviewed, the following influences may be particularly important:

Professional influences

- Doctors
- nurses
- student nurses
- social workers

Personal influences

- family members
- neighbors

Marketing influences

- detail (indirect)
- stores (general)
- drug stores

After documenting these influences, you may want to conclude with an evaluation of the relation between these groups or a demonstration of why "X" is in a position to influence women.

-note in particular the personal relations necessary to maintain control over each group.

(recall discussion of relation between junior and senior nurses, relations between ex-nurse detail person and former colleagues...)

-Conclusion of this section may focus on the personnel in the health sector whose influence is greatest at the time when mother is trying to establish breastfeeding or decide what infant formula to use.

VI. Conclusions

-Summary of main points

-possible new hypotheses for future research

(perhaps this section could best be written after marketing and survey results are available. This would be a good spot to begin integrating the components for the final report.)

-relation to marketing or survey work, recommendations,...including:

- 1) -place and time of intervention**
- 2) -most effective personnel**
- 3) -obstacles to establishing breastfeeding**
- 4) -policy implications**

Best Available Document

Sample for data Collection
(Ethnographic study Phase II)

Health care provider	Number of sample	Total
Government Hospitals		
✓ Rajvithi Hospital —		
OPD	19	
Maternity ward -	19	
Cafeteria -	1	39
Children hospital		
OPD	7	
Pediatric ward	6	
Hospital shop	1	
Preventive Medicens dept.	1	
Welfare dept	4	
Milk room	1	20
Central Hospital		
Maternity ward	8	8
Ramathibodi Hospital		
Special maternity ward	1	1
Pra Mongkut Hospital		
OPD	5	5
Siriraj Hospital		
Maternity ward	1	
Special maternity ward	2	3
Vachira Hospital		
OPD (Prenatal)	1	1
Privat Hospital		
Huacheay Hospita		
OPD (Prenatal)	3	
Maternity ward	5	
Special maternity ward	2	10
Bangkok Health Center		
Center # 4 ✓ his notes...	3	
Center # 9	1	
Center # 20	6	
Center # 30	2	
Center # 31 ✓	3	15
General store	1	1 ✓
Home visit	5	5
Bang OO Market—	1	1
Detail representatives	2	2
Drug store	8	8 ✓✓✓?
Total	119	119

(Typed at Soc Faculty??-??)

missing

missing

missing

same

SECONDARY RESEARCH
ON
FOOD AND NUTRITION PROGRAM IN THAILAND

BACKGROUND

Thailand National Food and Nutrition Plan had been formulated and organized into food and nutrition program formerly in 1970 but the implementation procedure was conducted independently by agencies concerned without coordination. The MoPH took step on formulation of tentative policy on food and nutrition for the period of 1972-1976 (Third Five-year Plan) and submitted to the cabinet which was approved on October 27, 1970.

On August 24, 1971, sanction was given by the cabinet to set up two committees for preparation of the establishment of National Institute of Nutrition. The committees are :

1. National Food and Nutrition Committee. It consists of the Minister of Education as Chairman, the Director of National Institute of Nutrition as Secretary and the members include the Under-Secretary of State to various ministries concerned and the Secretary-General of the NESDB. The committee has responsibility to set up policy, recommend improvement, evaluate and follow up work of agencies concerned.

2. Executive Committee of the National Food and Nutrition Committee. It consists of 9 representatives from government organizations, including representatives from NESDB, Budget Bureau, with the Dean of Ramathibodi Hospital Medical School as Chairman. The Committee has responsibility to develop policy and master-plan; coordinate work and provide instruction and assistance; and evaluate activity of the program.

As the result, the National Food and Nutrition Institute^{was}/established in affiliated with the Ramathibodi Hospital Medical School to work as secretariat office for the National Food and Nutrition Committee and at

the same time to serve the purpose of education, training, analysis, collection of baseline data and research on food and nutrition.

In March 1973, the Ministry of Public Health (MoPH) submitted to the National Economic and Social Development Board (NESDB) the document on recommendation and guidelines for national food and nutrition development which was an outcome of the meeting of the ministerial working-group held under joint cooperation of the MoPH and UNICEF during February 14-21, 1973. The meeting was divided in six working groups with responsibility to consider and prepare the guideline for programs development of the Economic Sector, Agricultural Sector, Public Health Sector, Education Sector, Social Development Sector, and Research and Training Sector.

During the workshop, the NESDB accepted the proposed advisory assistance of the USAID for the preparation of master-plan of national food and nutrition. Due to non-existence of responsible agency for planning of food and nutrition, the NESDB had to take over such responsibility, so that programs of various ministries concerned in this field will be closely coordinated and related to the National Economic and Development Plan.

By the order of the NESDB, No.2/2516, dated October 18, 1973, a subcommittee on Food and Nutrition Planning was appointed to be effective from October 1, 1973, with the following members :

- | | |
|--|----------|
| 1. Dr. Prom Panichpakdi, Secretary-General,
Office of the National Environmental
Committee. | Chairman |
| 2. Dr. Aree Valyasevi, M.D., Director,
National Institute of Food and Nutrition. | Member |
| 3. Professor Amara Bhumiratna, Director,
Institute of Food Research and Product
Development. | Member |

- | | |
|--|--------|
| 4. Director, Implementation Division,
Department of Community Development,
Ministry of Interior | Member |
| 5. Dr. Amorn Nondasuta, M.D., Deputy-Under
Secretary to the Minister of Public Health | Member |
| 6. Dr. Somnuk Sriplang, Director,
Agricultural Economic Division Ministry
of Agriculture and Cooperatives | Member |
| 7. Dr. Euwadee Karnchanathiti, Chief
Nutrition Department, Pranakorn
College of Education | Member |
| 8. Director, Division of Nutrition,
Department of Health, Ministry of
Public Health | Member |
| 9. Director, Local Administration Division,
Department of Local Administration,
Ministry of Interior | Member |
| 10. Director, Rural Health Division,
Department of Health, Ministry
of Public Health | Member |
| 11. Mrs. Vallee Prasarthong Osoth,
Adult Education Division,
Department of General Education | Member |
| 12. Director, Planning Division,
Office of the Under-Secretary to the
Minister of Education | Member |
| 13. Mrs. Pungpis Dulayapachara,
Department of Agricultural Extension,
Ministry of Agriculture and Cooperatives | Member |
| 14. Dr. Pimol Chitman, Director,
First Analysis Division, Budget Bureau | Member |
| 15. Mr. Pichet Sunthornpipit, Technical
Division, Department of Technical
and Economic Cooperation | Member |

- | | |
|---|--------------------------------|
| 16. Director, Social Project Division,
Office of the NESDB | Member and Secretary |
| 17. Chief, Public Health Planning
Section, Office of the NESDB | Member and Deputy
Secretary |

The Subcommittee has following responsibilities:

1. To study present status of food and nutrition of the country, including existing programmes under operation of various agencies as well as reports of the working groups, especially on preschool children, school children and other groups of population with nutrition problems.
2. To establish priority of problems which require urgent operation for the existing programmes and/or new programmes to be operated for better impact of improvement.
3. To consider drafting of policy on specific subjects to be related to the already existed policy on nutrition, so that development of national nutrition programme will be effective as targeted.
4. To draft nutrition plan and programmes in correlation with national development policy for inclusion in the National Economic and Social Development Plan and to be functioned by the Agencies concerned.

To achieve the above-mentioned responsibilities, the Sub-Committee has been authorised to appoint a Working Group for reviewing specific problems as is necessary. The Sub-Committee will submit the result of investigation to the Executive Committee of NESDB for consideration. Progress reports of achievements have been submitted periodically.

Solution has been made in the meeting of the Sub-Committee of 2/2516 dated December 27, 1973 that a working group be formed under the chairmanship of Mr. Uthai Pisolyabutra, Director of the Division

of Nutrition, Department of Health, with representatives from the Department of Community Development, Department of Local Administration of the Ministry of Interior, Department of Health of the Ministry of Public Health, Department of Agricultural Extension of the Ministry of Agriculture and Cooperatives, Ministry of Education, Office of the NESDB, as members. The working group has been assigned to work, in cooperation of USAID Advisor, on investigation of baseline data on nutritional status and to coordinate work among agencies concerned in the preparation of drafting national food and nutrition policy and the programmes to be included in the plan for submittance to the Sub-Committee.

The Food and Nutrition Plan had been drafted and submitted to the Sub-Committee at the meeting at Rose Garden Hotel, Nakorn Prathom Province in June 18-20, 1976. In the meeting, representatives from various agencies concerned including foreign organizations were invited. Consideration and comments on the draft plan had been made for improvement, and after approval has been received the plan was then submitted to the Executive Committee of the NESDB. Sanction was given to include in the Fourth National Economic and Social Development Plan.

NATIONAL FOOD AND NUTRITION POLICY

A National Food and Nutrition Policy is needed to ensure that food will be available to provide an adequate diet to every person at reasonable cost. Food to provide good nutrition is a fundamental need of every member of society. Good nutrition is necessary not only to provide health benefits of the people but also working efficiency which is of very important, since all the developing countries are facing the problems of lacking of efficient manpower. The national economic development, either by stepping up productivity or any other activities for better economic status, is usually slow without full benefit because of low working capacity of manpower,

vulnerability to diseases and lack of intelligence of the population.

Malnutrition can obstruct national development programme for the following reasons :

1. The development process is designed to improve the condition of life of the nation. It can only be improved with the vigorous and widespread participation of every individual. Thus continued malnutrition mocks the basic aims of development and hinders its effective realization.

2. The imbalance between population growth and food supply will result in the worse effect of malnutrition of the population. Starvation may encounter as is the case in several countries of this region, deteriorating efficiency of man-power.

3. Malnutrition affects national economic development in many ways :

3.1 limited life expectancy brought about by malnutrition limits the number of productive year.

3.2 malnutrition decreases worker's productivity.

3.3 malnutrition lower a worker's resistance to diseases and relately increases the rates of job absenteeism,

3.4 certain nutritional deficiencies such as vitamin A deficiency, which results in blindness, limits opportunity for production,

4. Malnutrition in the first few years of life, if severe enough, may cause death to children. The survivors of severe malnutrition are retarded in pyhsical growth and show low level of intelligence and competence in learning skills which are irreversible.

FOOD AND NUTRITION PROGRAM

The National Food and Nutrition Plan was integrated in the national plan for the first time in the Fourth National Economic and Social Development Plan (1977-1981). The stated measures to cope with the problems are :

- accelerate the establishment of the National Food and Nutrition Committee to be responsible for policy and planning formulation and act as the coordinator for various implementing agencies.
- establish the Institute for Food and Nutrition Research for research and the training of concerned implementing personnel
- provide nutrition education and disseminate information on food and nutrition.
- establish protein and baby supplementary food units in large communities and distribute the product to reach the malnutrition-at-risk groups both in urban and rural areas.
- form the Provincial Nutrition Committee to coordinate the task at the local level.
- give nutrition education to pregnant and lactating mothers
- promote breast feeding
- give supplementary food to pre-school children
- increase agricultural food production for local supplementary food processing in the community and for family consumption.

The agencies involved in trying to solve the nutrition problems are NESDB, Ministry of Public Health, Ministry of Agriculture and Cooperatives, Ministry of Interior, and universities.

PROBLEMS IN ACHIEVING TARGETS

At the end of 1981, it was shown that the Food and Nutrition Plan could not achieve all the targets set due to various obstacles and hindrances especially at the policy level and due to inadequate organizational structure.

The impact is as follows :

Policy maker level. Even though the Cabinet has authorized the National Food and Nutrition Committee to act as the center in setting nutrition policy, program and projects, the committee's

meetings average only about four times a year, causing a delay in decision making at the policy level. The delay is also due to the changes of government which occurred four times in three years in which each newly formed government had to approve the setting up of the committee prior to the succeeding meeting.

Coordinating agencies. At the beginning the NESDB performed double roles - as coordinator for various implementing agencies and as secretariat to the National Food and Nutrition Committee. While the scope of work is wide, the number of NESDB responsible personnel is very limited, which has its influence on the effectiveness of the planning process. Request was submitted to the Cabinet for setting up the Office of National Food and Nutrition Secretariat but was not granted. Advice was made that NESDB and Ministry of Public Health will act as secretary to the committee : NESDB will be responsible for planning and coordinating the work at ministerial level, while the Ministry of Public Health will be responsible for coordinating, monitoring and evaluation of the work at local level.

Thus, the constraints of work occur because in the NESDB, only the Health and Nutrition Sector is responsible for the work (with seven staff members in the sector) and in the Ministry of Health, only one sector of Nutrition Division is responsible for coordinating work among concerned ministries without any authority.

Implementing of policy. Though in the Plan the Food and Nutrition Policy has been clearly stated, it cannot be implemented due to lack of coordination between producer and distributor agencies. The Ministry of Agriculture is responsible for agricultural food production, while the Ministry of Commerce is concentrating on exporting. Thus, in various occasions, main consumption goods were out of the domestic market or increased in price due to an export boom of such products as rice and sugar.

Political will. Nutrition Planning is rather a new field of planning; thus, it is necessary to get the support or political will from the top level policy maker to be able to reach the setting of objectives. Lack of support from top-level policy maker results in less budget allocation. In the first year of the plan, the budget allocated for the nutrition plan was only 11% of the planned budget estimate.

PREPARATION OF FOOD AND NUTRITION PLAN IN THE FIFTH FIVE-YEAR NATIONAL DEVELOPMENT PLAN

At present the NESDB has finished preparing the Fifth National Development Plan for 1982-1986. The government policy also puts emphasis on the malnutrition problems of the country especially for the target groups which are considered as malnutrition-at-risk, namely, pregnant and lactating mothers and pre-school and school children. The priority area will be the impoverished and under-served areas.

The main objective of the plan will be the elimination of all third degree Protein Energy Malnutrition in pre-school children by 1986. The stated program under this plan will be :

1. Nutrition surveillance
2. Nutrition information and education
3. Supplementary feeding
4. Community food production
5. Nutrition promotion in primary school
6. Food fortification
7. Training and research

Planning Process

The Food and Nutrition Plan Process for the Fifth National Development Plan is now at the stage of completion of Program Framework. The operational plan will be completed by June 1981. The members of the planning task force consist of both coordinating and implementing agencies concerned and experts from various academic fields-such as

NESDB, Ministries of Agriculture and Co-operative, Health, Interior, Education including universities and National Security Units.

Integration of National Food and Nutrition Plan in the Fifth National Development Plan

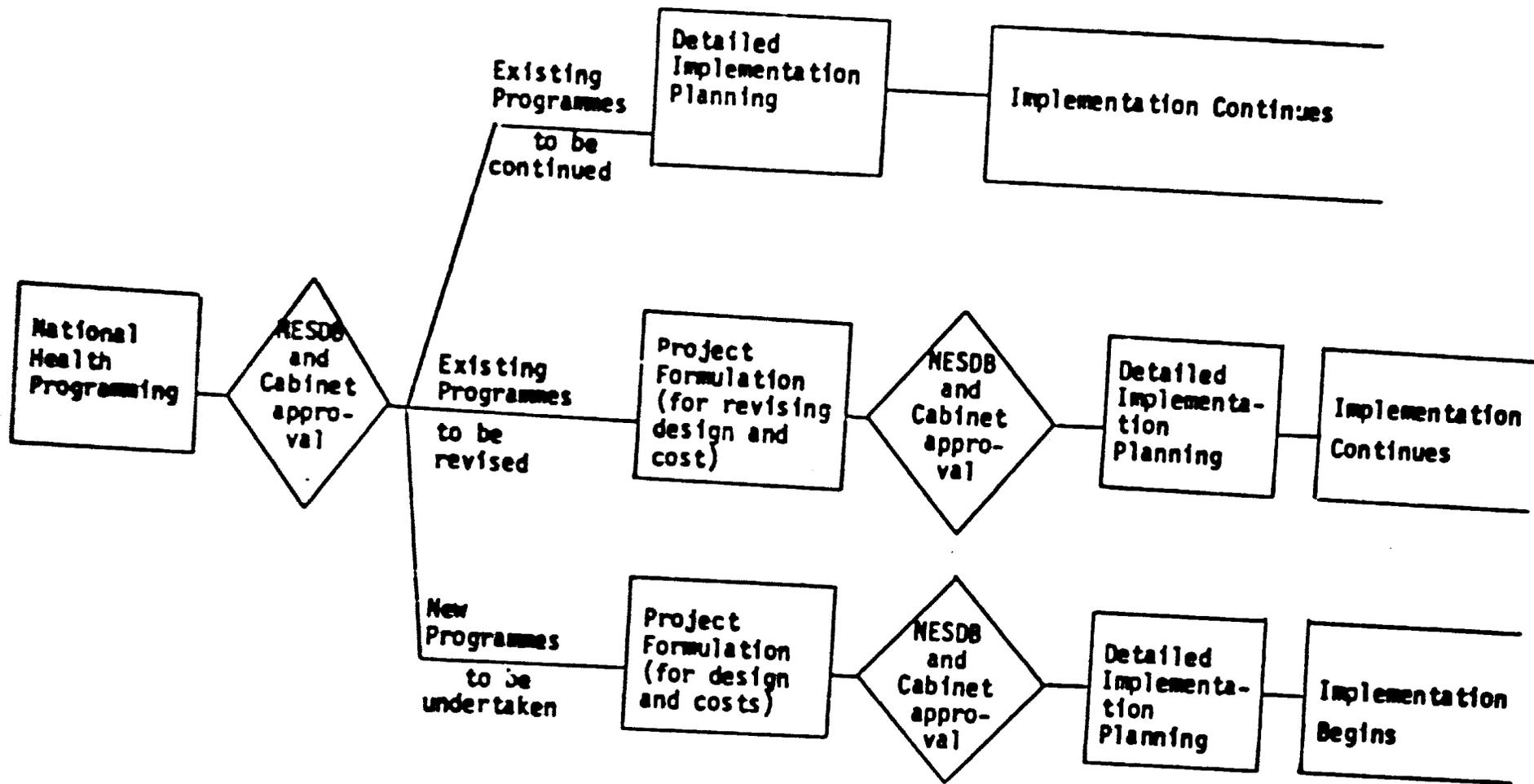
The NESDB was assigned by the Cabinet to formulate the Fifth National Development Plan (1982-1986), hence, the Steering Committee for the Fifth National Development Plan was established. Twenty-three sub-committees both at macro and micro level were set up under the Steering Committee. The sub-committees' task was to draft sectoral development plan concerning economic, social and population development.

The integration of the Food and Nutrition Development Plan with other concerned sectoral plans, i.e. health, education, agriculture in the Fifth National Development Plan is the duty of the "Sub-committee on Macro-Social Planning. Thus when the Food and Nutrition Development Plan is approved by the National Food and Nutrition Committee, it will be submitted to the Sub-Committee on Macro-Social Planning for integration with the other social Planning Sectors.

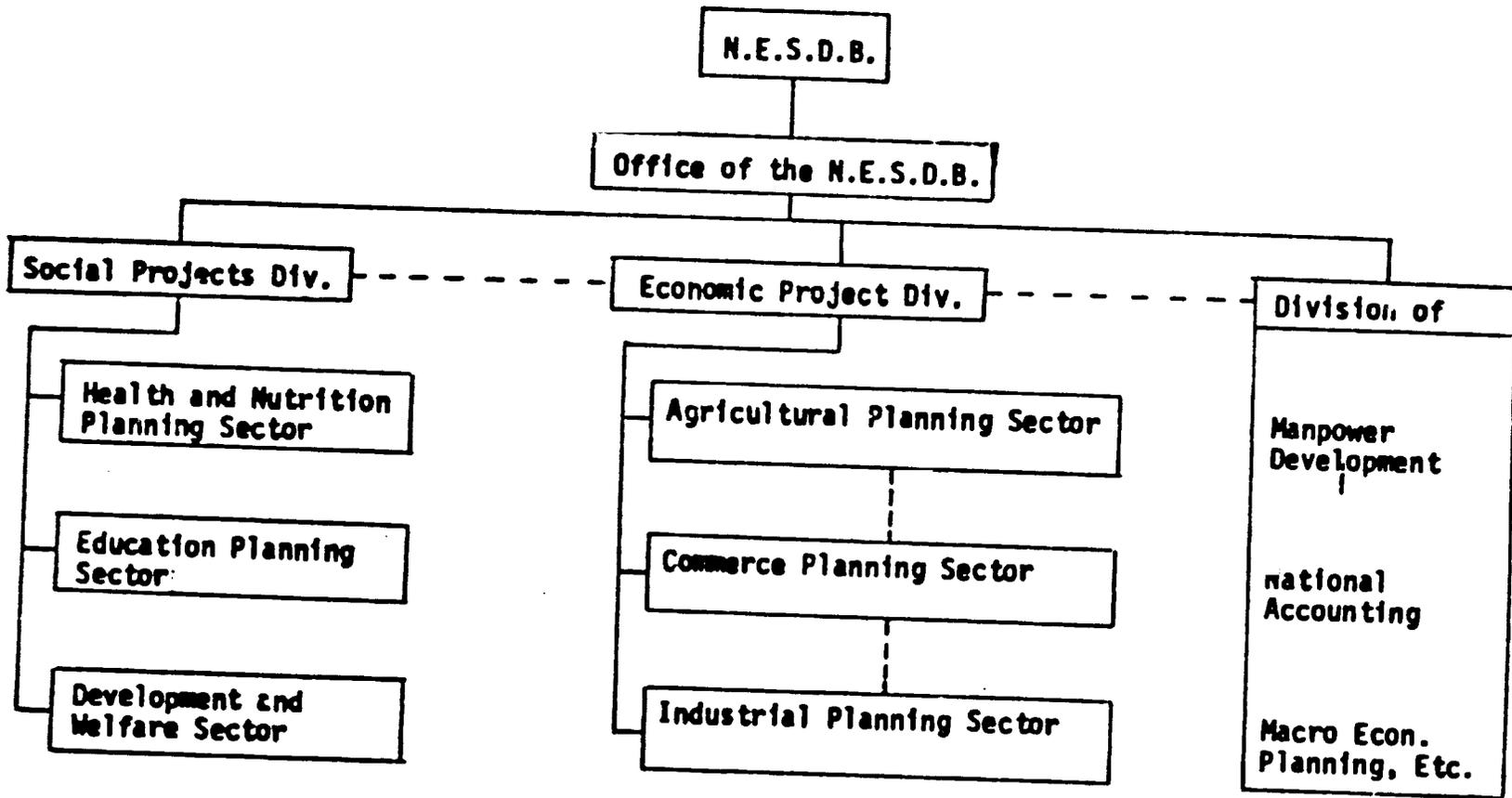
The Macro-Social Plan will then be submitted to the Steering Committee for integration with Macro-Economic Plan. The drafting of the National Development Plan will be done by the Steering Committee.

In integrating the Food and Nutrition Development Plan with other sectoral plans, the consistency in the setting of policy, objectives, strategies and resource inputs will be assured.

THE PROCESS LEADING TO IMPLEMENTATION OF HEALTH PROGRAMMES



NESDB = National Economic and Social Development Board



Organization Chart of the National Economic and Social Development Board

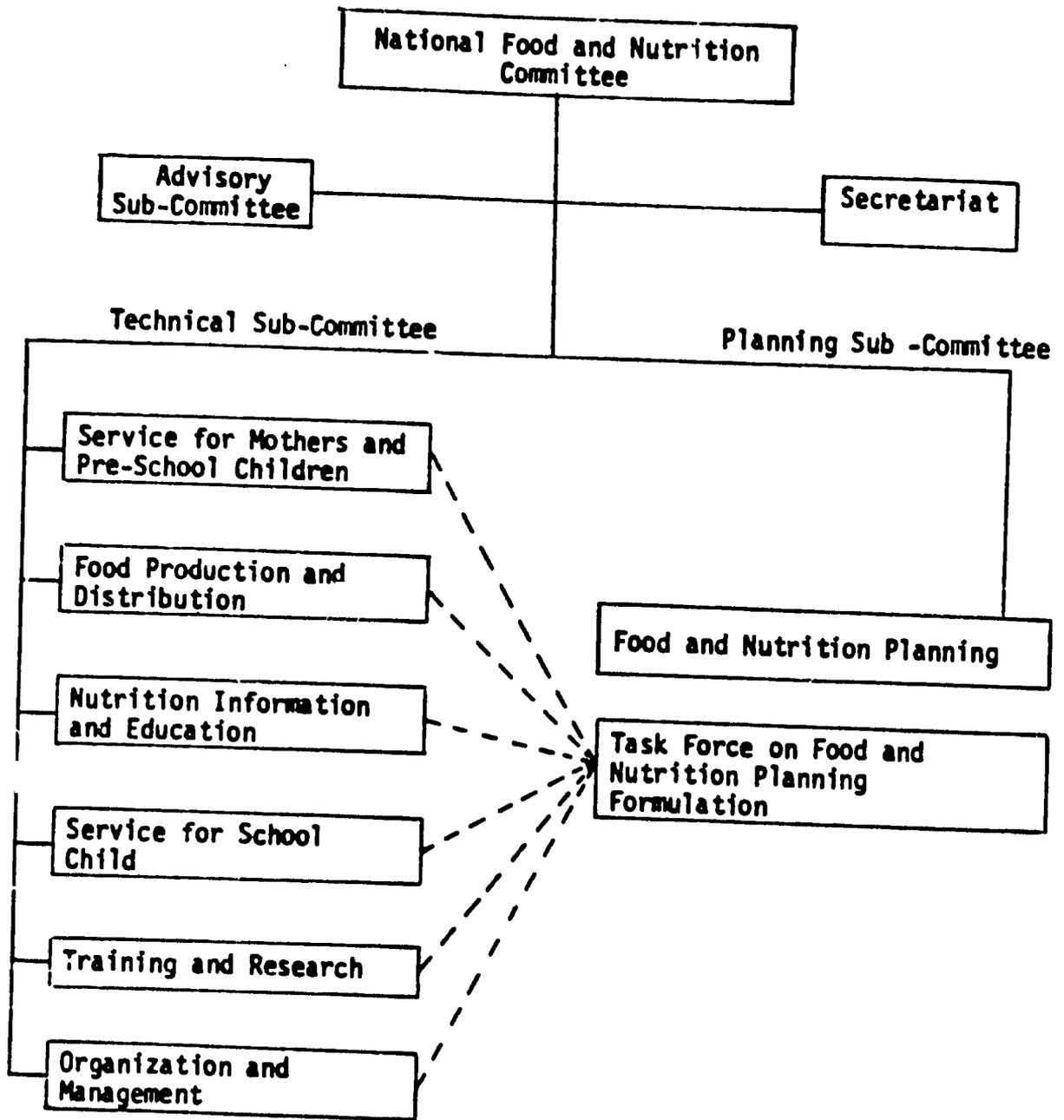
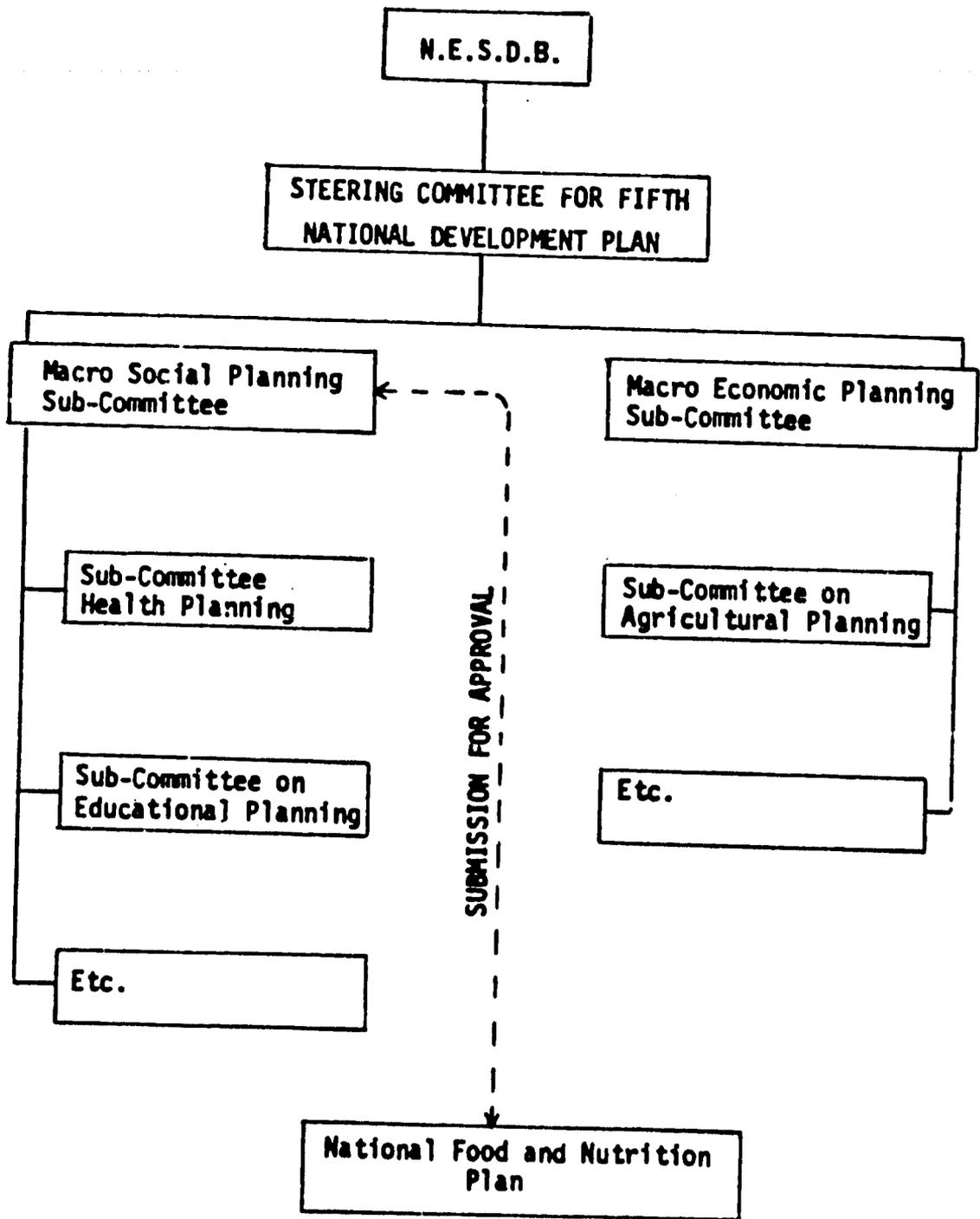


Chart of National Food and Nutrition Planning Formulation



Channel of the National Food and Nutrition Plan to be Integrated in the Fifth National Development Plan (1982-1986)

ฉลากแทนนมผงการโฆษณาและจำหน่ายอาหารทดแทนนมแม่และผลิตภัณฑ์ที่เกี่ยวข้อง

ฉบับที่ ๑ (พ.ศ. ๒๕๓๔)

เนื่องด้วยประชากรในเขตเมืองมีแนวโน้มที่จะเลี้ยงลูกด้วยนมแม่ลดลง เพราะขาดความรู้ ความเข้าใจถึงคุณค่าของการเลี้ยงลูกด้วยนมแม่ และยังได้รับอิทธิพลของการโฆษณาและการจูงใจจำหน่าย อาหารทดแทนนมแม่และอุปกรณ์ที่เกี่ยวข้องอย่างมีประสิทธิภาพ ปัจจุบันภาวะทางเศรษฐกิจยังมีบังคับ ให้แม่ต้องออกไปทำงานนอกบ้านจนไม่อาจให้แม่ลูกได้ดูแล องค์การอนามัยโลกและองค์การส่งเสริมการค้า แห่งสหประชาชาติได้มีข้อเสนอแนะว่าควรระดมทรัพยากรและบรรเทาเจ้าหน้าที่ทางการแพทย์ ให้พร้อมที่จะให้การเลี้ยงลูกด้วยนมแม่ และกำหนดมาตรการเพื่อวางหลักเกณฑ์และบรรเทาความยุ่งเกี่ยวกับ อาหารทดแทนนมแม่แก่ประชาชน ความคุ้มครองโฆษณาและจำหน่ายอาหารทดแทนนมแม่และอุปกรณ์ที่เกี่ยวข้อง ดังนั้น ทบวงงานของรัฐและองค์การที่เกี่ยวข้อง บริษัทผู้ผลิตและผู้จำหน่ายจึงได้ร่วมกันกำหนดหลักเกณฑ์

หมวด ๑

ความมุ่งหมาย

ข้อ ๑ เพื่อส่งเสริมให้ทารกมีภาวะโภชนาการที่ดี ได้รับอาหารที่ปลอดภัยและมีคุณภาพพอเพียงแก่ ความต้องการ โดยส่งเสริมการเลี้ยงลูกด้วยนมแม่ และป้องกันการเปลี่ยนไปใช้อาหารทดแทนนมแม่ ในกรณีที่แม่ไม่อาจให้นมแม่ได้จะได้อาหารที่คงสภาพโดยปลอดภัย โดยมีการเผยแพร่ความรู้แก่ ผู้เกี่ยวข้องพอเพียงและมีการทบทวนที่เหมาะสม

หมวด ๒

ขอบเขต

ข้อ ๒ ฉลากแทนนมสำหรับทารกหรือการทำเนื่การอื่น ๆ ที่เกี่ยวข้องกับอาหารทดแทนนมแม่ อาหารทารก อาหารเสริมสำหรับเด็ก ผลิตภัณฑ์นมชนิดอื่นที่ใช้เลี้ยงทารก การบรรจุ รวบรวม หัวนม และอุปกรณ์ที่เกี่ยวข้อง รวมทั้งคุณภาพหรือมาตรฐาน วิธีใช้และข้อมูลที่เกี่ยวข้องกับผลิตภัณฑ์ดังกล่าวด้วย

หมวด ๓

นิยาม

ข้อ ๓ ในฉลากแทนนม

"อาหารทดแทนนมแม่" (Breast milk substitute) หมายถึงว่า ผลิตภัณฑ์ อาหารที่ใช้เลี้ยงทารกแทนนมแม่ทั้งหมดหรือบางส่วน ไม่ว่าจะกองเสริมคุณภาพทางอาหารหรือไม่ก็ตาม

"อาหารทารก" (Infant formula) หมายถึงว่า ผลิตภัณฑ์อาหารทารกที่มีปริมาณแห้งต่อการเจริญเติบโตของทารกตั้งแต่แรกเกิดจนถึง ๕ หรือ ๖ เดือน

Best Available Document

"อาหารเสริมสำหรับเด็ก" (Supplementary food) หมายความว่า ผลิตภัณฑ์อาหารที่ใช้เสริมเฉพาะ หรืออาหารทารก หรืออาหารประจำวันของเด็ก เพื่อให้ได้สารอาหารพอเพียงกับความต้องการของร่างกายด้วย

"ผู้ผลิต" (Manufacturer) หมายความว่า ผู้ทำ ย่อม ปรุงแต่งและหมายความรวมถึงผู้ส่งมอบ

"ผู้จำหน่าย" (Distributor) หมายความว่า ผู้จำหน่ายทั้งในระเทศและต่างประเทศ

"ระบบการบริบาลสุขภาพ" (Health care system) หมายความว่า ระบบที่ให้การบริบาลสุขภาพแก่คนและเด็ก ที่ดำเนินการโดยรัฐหรือเอกชน ทั้งนี้ ในหน่วยงานราชการหรือภาคอื่น ๆ

"บุคลากรสุขภาพ" (Health worker) หมายความว่า บุคคลที่ทำงานในระบบการบริบาลสุขภาพ โค้ช และ แพทย์ พยาบาล นักการภารต หรือบุคคลอื่นที่ผ่านการอบรม

"การตลาด" (Marketing) หมายความว่า รวมถึง การส่งเสริมผลิตภัณฑ์ การจำหน่าย การจำหน่าย การโฆษณา การประชาสัมพันธ์ และการโฆษณา

"พนักงานการตลาด" (Marketing personnel) หมายความว่า บุคคลที่หน้าที่เกี่ยวข้องกับการตลาด

"ตัวอย่าง" (Sample) หมายความว่า ผลิตภัณฑ์ที่แจกจ่ายในจำนวนเล็กน้อยโดยไม่คิดมูลค่า

"ภาชนะบรรจุ" (Container) หมายความว่า วัตถุใสบรรจุผลิตภัณฑ์ ในภาชนะการใสบรรจุหรือวัสดุใด ๆ

"ฉลาก" (Label) หมายความว่า รวมถึง รูป รอยประทับ เครื่องหมาย หรือข้อความใด ๆ ที่แสดงไว้บนผลิตภัณฑ์ ภาชนะบรรจุผลิตภัณฑ์ หรือหีบห่อของภาชนะบรรจุผลิตภัณฑ์

"จำหน่าย" (Sales) หมายความว่า รวมถึง ขาย จ่าย แจก หรือแลกเปลี่ยน ทั้งนี้ เพื่อประโยชน์ในทางการค้า หรือการมีไว้เพื่อจำหน่ายด้วย

หมวด ๔
ธรรมาภิบาลและการศึกษา

๒๕๕. ผู้ผลิตหรือผู้จำหน่ายของวัตถุควบคุมในการกระจายธรรมาภิบาล เพื่อขายสนับสนุนการเลี้ยงทารกอย่างถูกต้อง ต้องตระหนักถึงความสำคัญในการบริการ ดังนี้ ดำเนินไปตามหลักเกณฑ์

๒๕๕. การเสนอขออนุญาตเกี่ยวกับผลิตภัณฑ์ควบคุม ๒ ต้องประกอบด้วย หนังสือเสนอว่า การใช้อย่างถูกต้องเหมาะสมเป็นวิธีที่ดีที่สุดและเหมาะสมที่สุด หากจำเป็นต้องให้วิธีอื่นต้องได้รักษานะนำจากผู้บริบาลสุขภาพ

๒๕๖. การเสนอขออนุญาตเกี่ยวกับผลิตภัณฑ์ควบคุม ๒ ต้องประกอบด้วยงานทางวิทยาศาสตร์ และให้เป็นการมุ่งให้ประชาชนได้รู้ถึงความปลอดภัย เขาเขียน หรือลายลักษณ์

Best Available Document

พนักงานของมูลนิธิหรือผู้จัดทำหมายคงไม่ถือคือโดยทรงกันเฒ่า เว้นแต่ได้รับการรับรองเป็นลายลักษณ์
อักษรจากแพทย์ พยาบาล หรือศัลยแพทย์ที่มีใบอนุญาตของแพทย์และเด็กนั้น ๆ

การบริจจาคอาหาร รถมูล หรืออุปกรณ์เพื่อการศึกษาใด ๆ โดยมูลนิธิหรือผู้จัดทำหมายอาจนำได้
เมื่อได้รับการรับรองและได้รับการยินยอมเป็นลายลักษณ์อักษรจากองค์กรของรัฐหรือสถาบันที่เกี่ยวของ
ของอำนาจหลักเกณฑ์รัฐใดกำหนดไว้เพื่อวัตถุประสงค์ที่เท่ากัน เอกสารหรือเครื่องมือดังกล่าวนี้ อาจแสดง
เครื่องหมายหรือชื่อบริษัทผู้บริจาคได้ แต่คงไม่เป็นภาระข้อความหมายถึงมูลนิธิตามที่ขอ ๒ และจะคง
ความหมายระบอบการบริจจาคอาหารเท่านั้น

หมวด ๕

มวอธบและธบ

๒๕.๑ พยาธิเวชอาหารการทดแทนนมแม่ อาหารทารก ผลิตภัณฑ์นมชนิดอื่นที่ไร้ไขมันหรือไขมันต่ำ ภาชนะบรรจุ
พลาสติก ขวดนม และอุปกรณ์ที่เกี่ยวของตามชื่อมวอธบ

๒๕.๒ พยาธิเวชหรือผู้จัดทำหมายแจกจ่ายอย่างมีอภิมภคตามขอ ๒ หรือของขวัญใด ๆ แก่หญิงมีครรภ์
หรือมารดาในครอบครัวห่างทางตรงหรือทางอ้อม

๒๕.๓ พยาธิเวชเสริมการจำหน่ายผลิตภัณฑ์ตามขอ ๒ แก่ผู้วิการใด ๆ โดยตรงแก่ภวอธบ

๒๕.๔ การทำงานตามหน้าที่ เจ้าหน้าที่การคลังหรือในฝ่ายใด ๆ เพื่อติดต่อกับหญิงมีครรภ์ หรือแม่
ห่างตรงและทางอ้อม

หมวด ๖

ระบบการบริจจาคอาหาร

๒๕.๑๑ ศูนย์บริจจาคอาหารของรัฐบาลหรือวิการใดที่เหมาะสม เพื่อการรับและส่งเสริมการเลี้ยงดูด้วย
นมแม่ ส่งเสริมให้ปฏิบัติตามหลักเกณฑ์ ในคำแนะนำหรือในรูปของกฎของแกศูนย์บริจจาคอาหารตามชายงาน

๒๕.๑๒ พยาธิเวชระบบการบริจจาคอาหาร สาธิต มีคปรเทศ ศึกษา โฆษณา หรือแจกจ่ายผลิตภัณฑ์ตาม
ขอ ๒ เพื่อส่งเสริมผลิตภัณฑ์ดังกล่าว

๒๕.๑๓ ศูนย์บริจจาคอาหารของเป็นบอธบหรือสาธิตวิการใดอาหารทดแทนนมแม่ แก่แม่ หรือมารดา
ในครอบครัว เมื่อมีความจำเป็นเป็นการเฉพาะรายเท่านั้น รถมูลที่ใช้ ของระบอบนี้ควรต่าง ๆ จากการใช้
ในรูปของถ้วย

๒๕.๑๔ อนุญาตให้มูลนิธิจากผลิตภัณฑ์ตามขอ ๒ แก่สถาบันหรือองค์กร เพื่อใช้ภายในหรือภายนอกสถาบัน
ใด ๆ ได้ ทั้งนี้ผู้บริจจาคของไม่ได้อื่นใดใด ๆ แต่การไร้อื่นกับหลักดังกล่าวของคำเนินการโดยสถาบัน

๒๕.๑๕ องค์กรที่เกี่ยวข้องและใกล้ชิดเด็กหรือทารกที่มีความจำเป็นคือใช้เท่านั้น

๒๕.๑๖ เมื่อมีการบริจจาคอาหารทดแทนนมแม่หรือผลิตภัณฑ์ตามขอ ๒ เพื่อใช้ภายในสถาบัน ห้างร้าน
หรือองค์กรที่เกี่ยวข้องรวมทั้งผู้บริจจาค ของรวมกันมีขอมจะในเด็กหรือทารกได้โดยผลิตภัณฑ์ดังกล่าวที่กล่าว

๒๕.๑๗ หน่วยงานที่เด็กหรือทารกนั้นจำเป็นต้องใช้

เครื่องหรือเครื่องมือที่มาจากต่างประเทศ...
...เครื่องขยายหรือเครื่องมือที่มาจาก...
...แต่ของไม่เป็นการถือความหมายถึง...

หมวด ๑

ศูนย์บริการสุขภาพ

- ๑๑. ศูนย์บริการสุขภาพของตำรวจและตำรวจเสริมการเลี้ยงดูความหมาย
- ๑๒. ศูนย์บริการสุขภาพของโรงเรียนหรือสถานใด ๆ จากบุคคลหรือผู้จัดทำหมาย
- ๑๓. ระบุชื่อผู้จัดทำหรือผู้จัดทำหมายในศูนย์บริการสุขภาพ ของเป็นของทางวิทยาศาสตร์และของของ
...ของจริง ไม่นับหรืออาจทำให้เกิดความหมายของเรา การเลี้ยงดูความหมายจะศึกษา
...เพื่อเพิ่มการเลี้ยงดูความหมาย
- ๑๔. ผู้จัดทำหรือผู้จัดทำหมายของไม่ถือการสนับสนุนทางการเงินหรือสิ่งของแก่ศูนย์บริการสุขภาพ
...เพื่อไปเป็นแนวทางส่งเสริมสุขภาพของคน และศูนย์บริการสุขภาพและครอบครัวของไม่
...การเช่นนั้น ๆ
- ๑๕. ศูนย์บริการสุขภาพจะแนะนำการให้ความช่วยเหลือและของบุคคลตามข้อ ๒ ในกรณีที่จำเป็น
...ความหมายและอื่น ๆ
- ๑๖. ผู้จัดทำหรือผู้จัดทำหมายของบุคคลตามข้อ ๒ จะส่งเสริมและสนับสนุนศูนย์บริการสุขภาพเพื่อการศึกษา
...หรือการประกอบใด ๆ ของแรงใจโดยมีศูนย์บริการสุขภาพเป็นของนั้นมีความหมาย

หมวด ๒

สำนักงานของบุคคลหรือผู้จัดทำหมาย

- ๑๑. เงินงบประมาณที่จะใช้ของสำนักงานบุคคลหรือผู้จัดทำหมายของไม่เกิดจากของของ
...ของ
- ๑๒. สำนักงานของบุคคลหรือผู้จัดทำหมายของไม่ถือการศึกษาแก่ของมีกรรม หรือแม่เกี่ยวกับ
...หรือการใดของบุคคลตามข้อ ๒ นอกจากได้รับการรับรองเป็นของอื่นของกรจากศูนย์บริการสุขภาพ
...จะของไม่เป็นการรับรองให้เพิ่มของอื่นใดก็ตามดีกว่าหรือเท่าเทียมหมาย

หมวด ๓

การแสวงหา

- ๑. การแสวงหาในบัญชีความประกาศกระทรวงสาธารณสุขว่าด้วยเรื่องฉลาก ที่ออกตามความ
...ของ
- ๑๒. การแสวงหา นอกจากของบัญชีความข้อ ๑๑ แล้ว สกของบัญชีดังกล่าวไปเกี่ยวกับ
...ของ

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- ๑.๑ ผมผมเป็นความบกพร่องสำหรับทารกเพราะมีคุณภาพทางโภชนาการครบถ้วน
- ๑.๒ ควรใจกว้างคำแนะนำของแพทย์หรือผู้บริบาลสุขภาพ
- ๑.๓ วิธีหรือการวางแผนนำการเลี้ยงประจำวัน
- ๑.๔ เกือบหรือไรส่วนผสมไม่ถูกต้องจะเป็นอันตรายต่อทารก
- ๑.๕ ห้ามแสดงข้อความหรือข้อความที่หมายความว่า ผลิตภัณฑ์มีคุณภาพเท่าเทียมหรือคล้ายผมผม

แต่อาจแสดงข้อความว่า "โภชนาการปรับปรุงคุณภาพทางอาหารเพื่อให้อายุยืนของผมผม" กรณีเป็นอาหารเสริมสำหรับเด็กซึ่งใช้เลี้ยงทารกแทนนมแม่ไม่ได้ จะคงแสดงข้อความ "อย่าใช้เลี้ยงทารกแทนนมแม่" ด้วยตัวอักษรขนาดใหญ่สีแดง ชัดไม่ต่ำกว่า ๕ มิลลิเมตร ในกรอบสี่เหลี่ยม สีเทา พื้นสีขาว มีกรอบทึบกับสีพื้นของฉลาก และอาจมีข้อความแนะนำให้ใช้เลี้ยงทารกพร้อมกับนมแม่

- ๑. อาหารทดแทนนมแม่ อาหารทารก อาหารเสริมสำหรับเด็ก และผลิตภัณฑ์อื่นที่เลียนแบบทารก ต้องมีข้อความ "ควรใช้คำแนะนำของแพทย์หรือผู้บริบาลสุขภาพ"
- ๔. ผลิตภัณฑ์ตามข้อ ๒ ห้ามแสดงรูปภาพ หรือเด็ก หรือภาพอื่นเพื่อขู่ใจผู้ซื้อ แต่อาจมีรูปหรือภาพแนะนำวิธีเลี้ยงทารก
- ๕. รายละเอียดของใบแพคเกจหรือบรรจุภัณฑ์เพิ่มเติมเกี่ยวกับอาหารนั้น ๆ ให้ (นำข้อ ๑.๑ ถึง ข้อ ๑.๕ มาใช้บังคับโดยอนุโลม)

หมวด ๑๑

คุณภาพหรือมาตรฐานของอาหาร

- ข้อ ๑๑ บอกรหัสตามข้อ ๒ ยกเว้นชวคณ พิวเม การระบุบรรจุ และรูปทรงที่เกี่ยวของ ต้องมีคุณภาพหรือมาตรฐานดังต่อไปนี้
 - ๑. ไม่เป็นอาหารปลอม อาหารโมฆวิเศษณ์ อาหารฉิมมาตรฐาน หรืออาหารอื่นที่รัฐมนตรีกำหนด เพื่อออกตามความในกฎหมายว่าด้วยอาหาร
 - ๒. มีคุณภาพหรือมาตรฐานตามประกาศกระทรวงสาธารณสุขฉบับที่เกี่ยวของ เพื่อออกตามความในกฎหมายว่าด้วยอาหาร

หมวด ๑๒

คุณภาพหรือมาตรฐานของภาชนะบรรจุ

- ข้อ ๑๒ ชวคณ พิวเม การระบุบรรจุ และรูปทรงอื่นที่เกี่ยวของของมีคุณภาพหรือมาตรฐาน ดังต่อไปนี้
 - ๑. สะอาดหรือไม่เคยใช้มาก่อน
 - ๒. ไม่เคยใช้ใส่อาหาร หรือวัตถุอื่นใดมาก่อน เว้นแต่ภาชนะบรรจุที่ไว้แก้วน
 - ๓. เป็นภาชนะบรรจุที่ไม่มีสารออกพวงเป็นอันตราย ในปริมาณที่อาจเป็นอันตรายต่อสุขภาพ
 - ๔. มีคุณภาพหรือมาตรฐานตามประกาศกระทรวงสาธารณสุข เรื่องภาชนะบรรจุเพื่อออกตามความในกฎหมายว่าด้วยอาหาร

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หมวด ๑๖

ข้อดีปฏิบัติและการควบคุม

ข้อ ๑๑ ผู้ประกอบธุรกิจเกี่ยวกับการผลิต นำเข้า หรือจำหน่าย ผลิตภัณฑ์ความซอ ๒ ต้องเป็นสมาชิกของสมาคมผู้ประกอบธุรกิจอาหารน้กแพกแฉะและผลิตภัณฑ์เกี่ยวของ

ข้อ ๑๒ สำนักความซอ ๘๗ ต้องประสานงานกับสำนักงานคณะกรรมการอาหารและยา กระทรวงสาธารณสุข อย่างใกล้ชิด เพื่อควบคุมดูแลสมาชิกในภูมิภาคผลิตภัณฑ์

ข้อ ๑๓ ผู้ประกอบธุรกิจเกี่ยวกับผลิต นำเข้า หรือจำหน่าย ต้องปฏิบัติตามหลักเกณฑ์โดยเคร่งครัดในภูมิภาค

ข้อ ๑๔ ผู้ผลิต ผู้นำเข้าหรือผู้จำหน่าย ต้องใส่ป้ายและน้ำหนักหรือปริมาณที่จำหน่ายให้เข้าใจ และปฏิบัติตามหลักเกณฑ์อย่างเคร่งครัด

ข้อ ๑๕ ในสำนักงานคณะกรรมการอาหารและยา กระทรวงสาธารณสุข และสำนักความซอ ๒ ขอความร่วมมือจากหน่วยงานเอกชน สมาคมวิชาชีพ สถาบัน สมาคมผู้บริโภคหรือผู้ไร้ ำงการดำเนินผลิตภัณฑ์ เพื่อจะได้อีจารยาคำเป็นารความควมเพะาะฉิม

ข้อ ๑๖ ในสำนักงานคณะกรรมการอาหารและยา กระทรวงสาธารณสุข และสำนักความซอ ๒ มีหน้าที่ควบคุมใหญ่ที่เกี่ยวของ ปฏิบัติให้เป็นไปตามข้อกำหนดของหลักเกณฑ์โดยครบถ้วน

ข้อ ๑๗ ในสำนักความซอ ๒ ราชอาณาจักรช่าฉิมและการองโหนผู้ช่าฉิม และสรุปผลการดำเนินงานของสมาคมในแคะฉิมให้สำนักงานคณะกรรมการอาหารและยาทราบ ภายในเดือนกุมภาพันธ์ของทุกปี

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รหัสสำหรับอาหารทารก

รหัส ชื่อ

ประเภทนมผง

- ๐๐ มาแมกซ์
- ๐๑ ดูแมกซ์
- ๐๓ ดูดีค
- ๐๔ แอลโคเตน
- ๐๔ คราฟี
- ๐๖ ฟิสากอน
- ๐๗ นนม
- ๐๘ เนสเป่
- ๐๘ อะแลคต้า
- ๐๐ เอนท์อัส
- ๐๐ เอส-๖๖
- ๐๖ มอธี่
- ๐๓ ออเนก
- ๐๔ สโรว์ ที ๗
- ๐๔ เมจ
- ๐๖ คาร์เนชั่น
- ๐๗ คิม
- ๐๔ มอนเนมชิตทวาม
- ๐๔ โปทอ

ประเภทอาหารนม

- ๒๐ ไซโธ
- ๒๐ เฟอ

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รหัส ชื่อ

๒๒ เคนมาร์ค

๒๓ พนองโท

๒๔ มะลี

นมข้นหวานหรือจืด

๒๔ ครานกอินทรีย์

๒๕ คาร์เนชั่น

๒๖ มะลี

๒๔ สหพันธ์

๒๔ คราพี

๒๖ อลาสกา

๒๖ ซราเจอโบ

๒๖ คราภูเขา

อาหารเสริม

๔๐ เนสซึ่ม

๔๐ ซีแอก

๔๐ แฟมฟีน

๔๔ พูจ่า

๔๔ ไคโร

๔๖ อาหารเด็กอ่อนเทคนิศาสตร์

๔๗ อาหารเด็กอ่อน ส ส ๒

๔๔ ข้าวโอ๊ตเควคเกอร์

๔๔ อว็อง

๖๐ ซอริกซ์

๖๐ อาหารชวคเกอร์เบอร์

๖๖ โอโรดิน

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รหัส	ชื่อบุคคล
๖๓	ไมโล
๖๔	นาโรวา
๖๕	วิทาโก
๖๖	เบ็งชิวากซ็อง
๖๗	เกอตัว
๖๘	เบ็งตราอุกเต้า
๖๙	ยาดูอท์
๗๐	น้าฮัมพัน
๗๑	หลอไม้
๗๒	หลอมสม
๗๓	หลอมซิน
๗๔	สีท
๗๕	ชิวาทหรือเบ็งทหรือก้วยเพียว
๗๖	เครื่องในสัตว์
๗๗	หญ
๗๘	เรือ
๗๙	ไก่
๘๐	ไข่
๘๑	ปลา
๘๒	น้ามสมภูโตอิน
๘๓	น้าฮักสม
๘๔	เครื่องในชนิดอื่น ๆ
๘๕	ขมและของว่าง
๘๖	ยา
๘๗	ชิวาทิม, โจ๊ก
๘๘	น้าชิว
๘๙	กฏโทษ
๙๐	นมแม่

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