

INFANT FEEDING STUDY
AID/DSAN-C-0211
SITE VISIT REPORTS
July 1, 1982 - June 30, 1983

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SITE VISIT REPORTS

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INFANT FEEDING STUDY
COLOMBIA TRIP REPORT

Joanne Spicehandler
The Population Council
(March 15-26, 1983)

Giorgio Solimano
Columbia University
(March 20-24, 1983)

SCHEDULE OF SITE VISIT TO BOGOTA

March 16-24, 1983:

- March 16, 12 P.M.-2 P.M.: Lunch meeting with Belen de Paredes, Adela Morales de Look, Maria Eugenia Romero
- 2-5 P.M.: Visit to Faculty of Interdisciplinary Studies (FEI), Javeriana University to review seminar agenda and preparations with Maria Eugenia Romero
- March 17, 9:30 AM-12 P.M.: Trip to the Southeast Barrio, one of the neighborhoods in which the study took place, with Belen de Paredes
- 2 P.M.: Lunch with Marcia Townsend, PC/Bogota
- 2-4 P.M.: Review of films to be shown during seminar at Javeriana University library with Adela Morales and M.E. Romero
- March 20, 8:00 P.M. : Meeting with Giorgio Solimano and Belen de Paredes to review agenda
- March 21-24 : Seminar on Infant Feeding Practices in Bogota
- March 21, 12 P.M.-2 P.M.: Lunch meeting with Giorgio Solimano, Marcia Townsend, Belen de Paredes, Adela Morales de Look, and Consuelo Uribe, Directora
- March 23, 12 P.M.-2 P.M.: Lunch meeting with local press from El Espectador, El Tiempo
- 4-5 P.M.: Meeting with Dra. Teresa Albanez, Director, UNICEF Regional Office with Giorgio Solimano, and Belen de Paredes to discuss potential future funding for additional work on the Colombia study
- March 24, 1 P.M.-2 P.M. : Meeting with Giorgio Solimano, Belen de Paredes, Adela Morales de Look, Maria Eugenia Romero, Consuelo Uribe, Marcia Townsend to discuss future plans

PURPOSE

The principal purpose of this visit was to participate in the seminar on Infant Feeding Practices in Bogota which was held from March 21-24, 1983, at Javeriana University's main campus library. In addition, technical assistance was provided to the research team in the following areas:

- structure of the seminar program
- development of a focused agenda for working group discussions
- drafting of seminar conclusions
- development of a follow-up plan of action

For the purpose of this report, activities have been summarized under the headings, "Pre-Seminar Activities," "Seminar" and "Follow-Up." This report discusses the site visits made by Joanne Spicehandler (March 15-26) and Giorgio Solimano (March 20-24).

I. Pre-Seminar Activities

During the week preceding the seminar, Joanne Spicehandler met with research team members to review plans and logistics for the workshop and assist with final details of workshop coordination.

Maria Eugenia Romero was designated the workshop coordinator. This was due to the fact that she was the only staff member available to work full time on the project during the period January-March. She therefore had the major responsibility for workshop planning and logistics, in addition to presenting two research papers (Methodology and Beliefs and Practices). Belen, during this period, was working on fulfilling the requirements of her Masters degree program with the Faculty of Interdisciplinary Studies (FEI) at Javeriana University. She expects to receive her degree during the summer, at which time she will resume her position as Director of the FEI Food and Nutrition Program. Adela Morales de Look has been engaged full time by FEI, under the line temporarily available while Belen is studying, to handle primarily administrative functions for the FEI Graduate Program in Food and Nutrition.

On Wednesday and Thursday, Joanne met with Maria Eugenia at the University to review seminar planning. Maria Eugenia had clearly invested an enormous amount of time and energy into coordinating the seminar within the framework of the University's bureaucracy. A list of approximately 180 invitees was compiled (see Appendix A) and invitations were mailed with a printed program in late February. It was anticipated that at least one third of this number would attend.

The format for the seminar had been structured as follows:

- Days 1 and 2: Opening Addresses
 - Presentation on 4 Country Study
 - Presentation of 7 papers on the Bogota study
 - Day 3: Working Groups
 - Day 4: Plenary Session
- (See Appendix B for the complete agenda)

One mechanism that had been employed to encourage participation of policy-makers was the use of a moderator/discussant format for each presentation on Days 1 and 2. Certain key people had been invited to fill these roles during particular sessions.

On Thursday, Joanne had lunch with Marcia Townsend, the Population Council's field representative. Marcia planned to participate in the seminar on at least the first day (at which she was assigned to moderate Giorgio's presentation) and the last day (closing). She expressed some concern about the lack of information she had received from the team regarding the moderator's role and also mentioned that she had not yet received her mailed invitation. I inquired with Marcia about whether to her knowledge, the team had consulted with anyone concerning the logistics of workshop planning and the protocol required in making appropriate approaches to higher level ministry officials. Marcia was not aware, however, of what steps had been taken by the team.

On Sunday evening, after Giorgio's arrival, Belen met with us for a final pre-workshop review of the revised program and presentations. Giorgio also reviewed with Belen the Consortium's revisions in the Duration of Breastfeeding table. Based on the Consortium's calculations, the average duration of breastfeeding was approximately 7 months and not 2.7 months, as stated in the Colombian team's report. Belen understood the Consortium's revision but explained that, in presenting the data, it would be necessary for her to mention how the information had originally been calculated in addition to explaining the revised calculation. She felt that this was essential because previous studies done in Colombia had used the incorrect base -- only mothers who had discontinued breastfeeding -- in their calculations. If the corrected base was not clearly understood, people might misinterpret the Consortium's figure to indicate there had been a significant improvement in the duration of breastfeeding during the past few years.

With respect to working groups, we stressed to Belen the importance of carefully organizing the day so that discussions centered on concrete recommendations related to the major themes. Giorgio suggested that Belen, Maria Eugenia, and Adela enter their groups with a list of priority areas for discussion. A format for the day including time for discussion, rapporteur report preparation, and review of reports with working groups was established.

II. Seminar

The seminar began with an opening address by the University Rector, Padre Roberto Caro. Padre Caro expressed the hope that study findings would be used to develop appropriate policies and programs. His appearance at the opening of the seminar and that of Dean Pedro Polo were considered an indication of the University's interest in and support for the Bogota study. Padre Caro's address was followed by Giorgio Solimano's comments on the excellent work performed by the Colombian team and the Consortium's interest in continuing to collaborate with the Javeriana research team in the implementation of policies based on study findings.

The first presentation was made by Giorgio Solimano on the 4 country study. Copies of the attached paper (Appendix C) on the Consortium study were made available to workshop participants.

The seven papers on the Bogota study were presented by the research team members during the first two days. Each presentation was followed by a 20 minute commentary by the discussant. Unfortunately, copies of the discussants' statements were not requested by the research team. Copies will therefore not be available until the proceedings have been transcribed.

In general, the discussants felt that the presentations provided a wealth of information on each study theme. They were also impressed with the integrated research approach that was utilized. They noted, however, that the presentations were primarily descriptive and tended to agree that a more in depth and integrated analysis of the results should be pursued.

Of all the presentations, the one on the health services was best attended and was followed by the liveliest discussion.

The discussant for this session, Dr. Antonio Ordonez of U.N. University, formerly Minister of Health, made some of the following comments on the presentation:

- the paper clearly documents the already acknowledged problem of the lack of sensitivity to mothers of health professionals. The issue of how to sensitize medical professionals to the women they service is an area that requires further exploration.
- the manner in which advice is given can be as important as the advice itself. The mother's reaction, for instance, to the way she has been treated can determine whether she pays heed to the professional's advice or seeks advice elsewhere.
- the quality of advice given to primipara as opposed to multipara should be analyzed further.

A representative from the Ministry of Health pointed out that, unfortunately, in the past, obstetrician/gynecologists did not collaborate with the Ministry in the development and implementation of programs in the area of maternal/infant health and nutrition. Thus, existing programs did not reach this group of professionals. The atmosphere for change has become more favorable under the present government.

B. Working Groups

On Wednesday, participants broke into three separate working groups:

Group A: Nutrition Anthropology and Methodology
Coordinator: Maria Eugenia Romero

Group B: Infant Feeding Practices and Determinants, Health Services and the Relationship Between Women's Work and Breastfeeding
Coordinator: Belen de Paredes

Group C: Commercial Infant Foods: Legislation, Supply and Demand
Coordinator: Adela Morales de Lonk

Approximately 10-15 people participated in each working group. A list of working group members and their institutional affiliations is attached (Appendix D). Also attached are the recommendations that were drafted by each working group (Appendix E). Working group recommendations were presented by rapporteurs at the closing session on Thursday morning.

C. Conclusions

The overall conclusions were drafted by the Colombian team with assistance from Consortium staff (see Appendix F). Giorgio Solimano presented the conclusions at the end of the last day's session.

D. Publicity and Press Releases

Pre-workshop publicity: On the first morning of the seminar an article on the study and the workshop appeared in the Bogota daily, El Tiempo. An announcement also appeared the week prior to the workshop in the Javeriana University newsletter.

Press Coverage of the Workshop: On Wednesday, March 23, the research team arranged a lunch interview with reporters from local newspapers and magazines. Following the workshop, articles on the study appeared in El Espectador (major daily), Al Dia (major weekly news magazine) and other publications (see Appendix G for copies of articles and press release).

E. Comments on the Workshop

(1) Presentations: Presentations went very well and the study was considered by the discussants to have made a significant contribution to the body of knowledge on infant feeding and health. As noted previously, the discussants concurred that further analysis of the data should be undertaken. We found the use of a moderator/discussant format to be very effective. Almost all presentations were accompanied by slides of graphics and tables included in the research papers submitted to the Consortium. Some of the tables, however, were too detailed to be clearly visible and useful for illustrative purposes. We found clear, simple, graphics to have the greatest impact. For example, when Belen superimposed the Bogota duration of breastfeeding trend on a graphic including the other three project sites, it became clear to the audience that the line for Bogota fell well below those for Semarang and Nairobi. Belen felt this was particularly helpful in illustrating to the audience that the duration of breastfeeding had not improved in Bogota to the extent that many professionals had thought, especially considering the government's support for promotion of breastfeeding. Very few photos from the ethnography were used although these would have enhanced some of the presentations more than the use of tables.

The audience was impressed with the concept of an integrated three-component approach to the study. A number of anthropologists and statisticians attended the seminar and expressed a keen interest in the application of ethnography to survey research.

(2) Agenda Format: Based on this experience, a four-day format for a combined audience of policy and technical people may not have been the most effective way of presenting the data. Although the audience seemed to agree that the presentations were informative, the level of sophistication of the audience with the quantitative data presented varied considerably.

The format of the program also made it difficult for participants to select one full day on which attendance would have been most useful. The agenda had been developed on the premise that a uniform audience would sit through all presentations and then participate in working groups and the closing session. It was unlikely, however, that policymakers would have scheduled more than a full day to attend.

Another problem was that participation tended to fluctuate based on the convenience of the hour and the individual's interest in a particular topic.

We would think that a much more suitable format for future workshops would be that proposed, for example, for the Thailand study. Thus technicians and researchers would have an opportunity to discuss the data and synthesize the technical presentations into synopses and simple graphics more appropriate for a policymaking audience.

(3) Participation: The size of the audience tended to vary throughout the four day period. On the first two days participation averaged about 40 people, but by Tuesday afternoon, the final day of study finding presentations, attendance fell quite low. A list of those who registered on the first day is included in Appendix H. This list, however, does not reflect total participation in the seminar.

There was a noticeable lack of participation of people at the highest levels in the Ministries. Representatives were available, however, from the local UNICEF office, Javeriana University - including the University's Medical Center staff, the Colombian Institute for Family Welfare, and industry representatives from Nestle's, Roche Laboratories and Wyeth.

The absence of policymakers can perhaps be attributed to some of the factors discussed below. If the study findings are to be used at the policy level, it will be necessary to design a strategy to present the data on an individual basis to Ministry officials (See Section III, "Follow-Up Plan of Action").

(5) Workshop Organization: The level of participation in the seminar appeared to be affected by the following:

- a. Scheduling Conflict: During the week of the seminar, a meeting was scheduled by the Ministry of Planning to discuss government strategy for a program known as "Project Camina." This meeting had been called

with only one week's notice and drew a number of Ministry officials and health and nutrition professionals who might otherwise have participated in the seminar.

- b. Workshop Planning/Coordination Strategies: A number of concerns with regard to planning came to light during the period of the visit. We were concerned, for example, about the late mailing of invitations. Letters were mailed on February 28 for a seminar to be held only 3 weeks later. Because of the slow response, follow-up phone calls were made by a secretary at the University to invitees as late as 2-3 days before the meeting.

We also wondered whether appropriate protocol had been followed in approaching Ministry officials. It is unclear, for example, whether the team actively sought to employ its available contacts, i.e., Dr. Pedro Polo, the Dean of FEI, or Dr. Reinaldo Grueso, Director of San Ignacio Hospital and former Dean of FEI, in a capacity where they perhaps could have exerted some influence on officials to attend.

To our knowledge, the research team had not convened a Steering Committee to assist the coordinator with workshop organization or planning. Although other team members and some staff at FEI were consulted, it appears that Maria Eugenia was responsible for all aspects of workshop preparation. Adela and Belen had other commitments that interfered with their availability to provide greater input into the workshop preparation process.

III. Follow-Up Plan of Action

After the closing session of the seminar, a meeting was held with Belen, Maria Eugenia, Adela, Marcia Townsend and Consuelo Uribe, current Director of the FEI Food and Nutrition Program, to discuss a future plan of action for the study.

At present, due to a lack of funds to continue salaries, the research team will no longer be functioning as a team or working together at the same office. Maria Eugenia was officially off salary as of the day after the workshop. At the moment, she has no other job prospects at Javeriana University. Belen is currently a full time student and Adela is working full time at FEI until at least August when Belen resumes her position with FEI. Adela's job prospects as of August are unclear at the present time.

Giorgio explained that the Consortium faced funding constraints similar to those of the research team. It had therefore decided to submit a proposal for further data analysis to several potential donors. He indicated that although the Consortium would like to continue its collaboration with the country research teams, no additional funds could be provided toward the salary of research team staff. These funds would have to come from the University or other sources. He mentioned however that the Consortium planned to budget for an extended trip (approximately 3 months) by a representative of each research team to work with Consortium staff in New York on activities related to its work on data analysis.

Giorgio pointed out that work still remained on the research team's final technical report. The research team acknowledged this and affirmed its commitment to work with Consortium coauthors on the completion of the seven papers on study themes.

Due to the lack of participation of higher level officials in the seminar, Giorgio indicated it would be important to take advantage of the contacts made with representatives of the Ministries of Health and Planning at the seminar to arrange appointments with officials. In preparation for such meetings, he suggested that an executive summary presenting the major points discussed in each research paper, as well as the workshop recommendations, should be written. These could be mailed out and then followed by a personal visit.

Among the areas discussed during the workshop, the following were identified for follow-up action:

- consumer education
- quality control of processed foods
- nutrition education
- adequate labeling of nutritional value of foods on the market
- sensitization of health sector personnel to the needs of mothers and newborns including education about infant feeding during prenatal care.

* * * *

Follow-up Note

Since the workshop, we have been informed by Belen (Appendix I) that appointments have been made with officials of the Ministry of Planning and the National Nutrition Program (PAN) to discuss study findings.

We have asked her to apprise us of the results of these meetings, including specific information on areas that have been identified as priorities for action and any actions that are proposed.

PONTIFICIA UNIVERSIDAD JAVERIANA
FACULTAD DE ESTUDIOS INTERDISCIPLINARIOS
MAGISTER EN ALIMENTACION Y NUTRICION
SEMINARIO SOBRE PRACTICAS DE ALIMENTACION
INFANTIL EN BOGOTA, Marzo 21-24/83.

LISTA DE INVITADOS

Antropóloga Angela Andrade

Asociación de Nutricionistas Javerianas
Presidente: Elsa Guzmán de Aristizábal.

Acep
Dra. Magdalena León de Leal

Acodin
Presidente de la Asociación Colombiana de Nutricionistas

Agency for International development aid
Señor Marvin Cernick

Director Ascofame

Academia Americana de Pediatría - Presidente

Dr. Roberto Acosta Borrero
Secretario Ejecutivo - Convento Hipólito Unanue - Casilla 5170
Lima, Perú

Dr. Joaquín Bohórquez
Banco Mundial - Dr. Mel Goldman

Banco de la República
Director de la Fundación de Investigaciones

Dra. Teresa Salazar de Buckle
Jefe Depto Alimentos

Centro Vecinal de Santa Helenita
Dra. Luz Miriam Ramírez
Dpto. Administrativo del Bienestar Social del Distrito.

Cicolac
Dr. Quiñones - Nestlé.

Cuevas Luz Miriam

Colciencias - Dr. Efraín Otero Rufz.

CIID - Dr. Fernando Chaparro - Director

DISA

Dr. Eduardo Montoya - Gerente de Publicidad

Dra. Carolina Gutiérrez - DISA

Instituto de Investigaciones Tecnológicas
Dr. Luis Eduardo Zapata

Instituto Nacional de Salud
División de Investigaciones
Dr. Luis Carlos Gómez

Instituto Nacional de Salud
Dr. Edgar Rodríguez

Instituto Colombiano de Bienestar Familiar
Dr. Roberto Rueda Williamson

Instituto Colombiano de Bienestar Familiar
Dr. Francisco Linares - Sub-director

Instituto Colombiano de Bienestar Familiar
Antropóloga Doris Lewin

Impa Borden

Instituto Colombiano de Bienestar Familiar
Dr. Jorge Suescum

Instituto Nacional de Salud - Dr. Guillermo Rojas

Instituto Colombiano de Bienestar Familiar
Dr. Alberto Marín - Jefe División de Investigaciones - Subdirección de Nutrición.

INCONTEC - Dr. Javier Henao Londoño

Instituto Colombiano de Bienestar Familiar - Director Regional

ICFES - Dr. Germán Anzola

ICFES - Dra. Gloria Helena Jaramillo

Instituto Internacional sobre prácticas alimentarias USA.

INFACT - Director.

Instituto de Nutrición y Tecnología de Alimentos - Chile - Sergio Valente.

International Foundation 1515 - Wilson Boulevard

International Development
Research Center - Canadá

Instituto Americano de Nutrición INCANP - Guatemala.

Kellogg Foundation - Dr. Mario Chavez

Departamento Administrativo de Bienestar Social del Distrito
Dra. Zorayda Colmenares - Jefe de la División de Desarrollo Comunitario

Departamento Nacional de Planeación - Dra. Yolanda Puyana
Unidad de Desarrollo Social

Departamento Nacional de Planeación - Dra. María Cristina de Fonseca

Dpto. Nacional de Planeación - Dra. Marta Lucía Hincapié - Plan Distrital.

DRI-PAN Juan Manuel Jaramillo

Departamento Nacional de Planeación - Dr. Martín Echavarría

Departamento Nacional de Planeación - Dra. Nohora de Bateman
Jefe de la División de Asistencia Técnica.

Dirección de Vigilancia y Control Of. 307
Dr. Humberto Córdoba

Educación del Distrito - Secretaría
Dra. María Fernanda Samper
Centro Administrativo Distrital

Echaverry Rafael

El Tiempo - Doña Lucy Nieto de Samper

El Espectador - Ana María de Cano

F.E.I.

Dra. Consuelo Uribe M. - Directora Programa Alimentación y Nutrición

Dra. Adela Morales de Look. - Coordinadora del Programa de Postgrado MAN

Dra. Belén de Paredes.

Dra. Mercedes de Querubín - Directora del Programa PASOS

Dra. Soledad Ruz - Programa PASOS FEI

Dr. José Fernando Pineda - Programa PASOS FEI

Dr. Darío Galindo Toro. Director del Programa Desarrollo Rural - FEI

Dra. Yolanda Ramírez - Proyecto Rural.

Dr. Guillermo León Linares

Laboratorios Roche - Dr. Camilo Roza.

Laboratorios Wyeth
Dr. Guillermo Valencia

Dr. Absalón Machado - ANDI

Ministerio de Salud- Director de Investigación

Dr. Edgar Mendoza

Ministerio de Salud - Jefe División Materno Infantil

Dr. Germán Perdomo - Ministerio de Salud.

Jefe de la División de Atención Médica y Jefe de la División de Participación de la Comunidad. Ministerio de Salud.

Ministerio de Salud - Dra. Cecilia Helena Montoya - Nutricionista

Dr. José Obdulio Mora

Ministerio de Educación - Dr. Jaime Arias - CAN

Dr. Jorge Martínez.

Ministerio de Salud - División de Normas Técnicas - Director

Organización de las Naciones Unidas

Organización Mundial de la Salud

Organización Panamericana de la Salud

Dr. Antonio Ordoñez Plaja

Dra. Virginia Gutiérrez de Pineda

Population Council N.Y.

Dra. Joanne Spicehandler N.Y.

PAN-DRI - Dr. Mario Ochoa.

UNIVERSIDAD JAVERIANA

Dra. Dávila - Vice-Rector

Padre Alberto Gutiérrez. Decano del Medio Universitario

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Dra. María Eugenia Querubín - Jefe Relaciones Interinstitucionales.

Patricia Avila de Hails - Universidad Abierta

Dr. Tomás Uribe Mosquera

Dr. Alberto Escallón Azcuénaga - Decano Facultad de Medicina

Dr. Hernando Arellano - Decano de Ciencias

Dr. Francisco Piedrahíta - Director Medicina Preventiva

Director del Dpto. de Pediatría.

Universidad Nacional - Decano de Medicina

Universidad del Valle - Decano Medicina

Dra. Gloria García - Directora de la Carrera de Nutrición

Universidad Nacional - Decano Carrera de Nutrición

Universidad de Antioquia - Dra. Margarita Ma. Peláez - Decano Facultad de Ciencias Sociales,

Universidad Sur Colombiana de Neiva
Dra. Carlos Arturo Monje - Investigador

Padre Roberto Caro - Rector Universidad Javeriana

Padre Jorge Hoyos - Vice-rector del Medio.

Padre Fernando Londoño, Universidad Javeriana

Dra. Miriam Ordoñez - Programa Población

Dra. Ana Ríco de Alonso - Programa Población

Antropóloga Soledad Niño de Peláez.

Alumna Ana Lucía Meza de Gómez.

Dr. Pedro P. Polo Verano - Decano Académico - FEI

Dra. Laura Ruano - Comunicadora FEI

Dr. Rafael Campo - Director Programa de Tecnología Educativa,
 Padre Javier Sanín - Director Programa Estudios Filosóficos,
 Dr. Luis García - Director Programa de Economía,
 Dr. Héctor Maldonado - Director Programa Población
 Dr. Jaime Rufz Leal. Director Programa Administración en Salud
 Dr. Reynaldo Grueso. Director Hospital San Ignacio.

Dr. Camilo Romero

Señor William Rosas

Sociedad Colombiana de Tecnología de Alimentos - Presidente Dr. Norton Young

Servicio de Salud de Cundinamarca

Servicio de Salud de Cundinamarca - Inés de Arce - Dra. Clara Munar - Directora Programa de Atención Primaria.

Servicio de Salud de Cundinamarca : Jefe de Atención Materno Infantil y Dr. Miguel Angel Carrillo Velásquez - Coordinador Técnico - Jefe del Servicio de Salud de Bogotá y Nutricionista Jefe.

University Columbia
 Dr. Giorgio Solimano

Dr. Santiago Borrero - FONADE

Federación Nacional de Cafeteros de Colombia - Director de Programas de la Comunidad.

FICITEC - Dr. Alberto Maldonado

Florez International - Doctor Mario Di Marco

FES - Dra. María Isabel Vega

FEDESARROLLO - Dr. Jorge Vivas

Fundación Ford - Director

Food Aid Programs - Suiza - Director

Dr. Jorge García

Dr. Fernando Gómez.

Instituto Colombiano de Seguros Sociales -- Director Dr. Herrindo Zuleta
Hogufn - CAN

Instituto Colombiano de Seguros Sociales - Seccional Meta- Edificio Banco
Ganadero-Villavicencio.

PONTIFICIA UNIVERSIDAD JAVERIANA
 FACULTAD DE ESTUDIOS INTERDISCIPLINARIOS
 PROGRAMA DE ALIMENTACION Y NUTRICION.

SEMINARIO SOBRE PRACTICAS Y DETERMINANTES DE

LA ALIMENTACION INFANTIL EN BOGOTA

PROGRAMA DE ACTIVIDADES.

- OBJETIVO: El seminario tiene como finalidad la presentación de los resultados del estudio adelantado por la F.E.I. de la Universidad Javeriana, el Population Council y el Consorcio de las Universidades de Columbia y Cornell durante los años 81-82. En el Seminario se discutirán recomendaciones acerca de los problemas de la alimentación infantil identificados.
- COORDINACION: MARIA EUGENIA ROMERO MORENO.
- DURACION: Marzo 21 a Marzo 24 de 1.983
- HORARIO: De 8:30 a 4:30 p.m.
- LUGAR: Auditorio de la Biblioteca General de la Universidad Javeriana (Carrera 7 Calle 40) SALA A.
- PARTICIPANTES: Expertos de las Instituciones Nacionales e internacionales invitadas.
- PROGRAMA:
- Lunes 21 -9:00 am. Instalación - Padre Roberto Caro - Rector de la Universidad Javeriana.
- 9:15 a 10:30 a.m. Presentación del estudio sobre Prácticas de la Alimentación Infantil y resumen de los resultados en Kenya, Tailandia, Indonesia y Colombia - Dr. GIORGIO SOLIMANO- Universidad de Columbia - Population Council - Moderadora: Dra. MARCIA TOWNSEND.
- 10:45 a 12:00 am. Metodología del estudio en Colombia.
 Antropóloga: MARIA EUGENIA ROMERO M.
 Comentarista: ~~Dr. LUIS RIVERA~~
 Moderador: Dr. GIORGIO SOLIMANO.
- 2:00 - 3:15 p.m. Prácticas de la Alimentación Infantil en Bogotá.
 BELEN S. DE PAREDES
 Comentarista: Dr. REYNALDO GRUESO.
 Moderador: Dra. GLORIA GARCIA.
- 3:20 - 4:30 p.m. Creencias y valores asociados a la Alimentación Infantil.
 MARIA EUGENIA ROMERO M.
 Comentarista: Dra. CONSUELO URIBE M.
 Moderadora: Dra. PATRICIA AVILA DE HAILS.
- Martes 22
 8:30 a 9:45 a.m. DETERMINANTES DE LA ALIMENTACION INFANTIL.
 Presentación de los siguientes trabajos:
 1.- Papel del sector de la salud en la Alimentación Infantil en Bogotá.

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MARIA EUGENIA ROMERO M.
BELEN S. DE PAREDES
Comentarista: Dr. ANTONIO ORDOÑEZ PLAJA
Moderador: FRANCISCO PIEDRAHITA - Facultad de Medicina
Universidad Javeriana.

- 10:00 a 11:30 am. 2.- El trabajo de la mujer y su relación con la alimentación Infantil en Bogotá.
BELEN S. DE PAREDES.
Comentarista: Dra. ANA RICO DE ALONSO.
Moderadora: JOANNE SPICEHANDLER.
- 11:30 a 12 am. Pelicula: " La lucha por un techo " SALA A de Multimedia.
- 12:00 a 1:00 p.m. Almuerzo - Salón de Relaciones Públicas - Edificio Principal.
- 1:00 a 2:30 p.m. 3.- La industria de los Alimentos Infantiles en Bogotá.
ADELA MORALES DE LOOK
Comentarista: Dr. ABSALOM MACHADO.
Moderadora: Dra. YOLANDA RAMIREZ.
- 2:45 a 4:00 p.m. 4.- La Legislación relacionada con la Alimentación Infantil en Bogotá.
ADELA MORALES DE LOOK
Comentarista: Dr. GJILLERMO LEON LINARES.
Moderador: Dr. CAMILO ROZO.

Miércoles 23

- 9:00 a 4: 30 p.m. Organización de los grupos para el día siguiente:
SALA A Y SALA DE SEMINARIO A Y B.

Sesiones de trabajo de los participantes en los siguientes grupos:

GRUPO A: La Antropología nutricional y su metodología.
COORDINADORA: MARIA EUGENIA ROMERO M.

GRUPO B: Las prácticas y los determinantes de la Alimentación Infantil, los servicios de salud y la vinculación laboral de la mujer

COORDINADORA: BELEN SAMPER DE PAREDES.

GRUPO C: Los Alimentos infantiles industrializados: Legislación, oferta y demanda.

COORDINADORA: ADELA MORALES DE LOOK.

- 12:30 a 1:30 p.m. Almuerzo - Salón de Relaciones Públicas - Edificio Principal.
- 1:30 a 2: 00 p.m. Proyección de la película sobre la Industria lechera en Bogotá - Sala A de Multimedia.
- Jueves 24
- 9:00 a 1 :00 p.m. Recomendaciones de cada uno de los grupos y Sesión Plenaria - Dr. GIORGIO SOLIMANO -JOANNE SPICEHANDLER.
- 1:00 p.m. Clausura - Almuerzo.
Entrega del Documento: " Determinantes y Prácticas de la Alimentación Infantil en Bogotá " versión preliminar.

- THE INFANT FEEDING STUDY -

AN OVERVIEW OF RESEARCH IN FOUR COUNTRIES

G. SOLIMANO
B. WINIKOFF
M. LATHAM
V.H. LAUKARAN
P. VAN ESTERIK
J. POST
E.K. KELLNER

Paper presented at the Seminar on "Practices and Determinants
of Infant Feeding in Bogota."

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Giorgio Solimano is Professor of Clinical Nutrition and Public Health, Center for Population and Family Health and Institute of Human Nutrition, Columbia University

Beverly Winikoff is Medical Associate, International Programs, The Population Council

Michael C. Latham is Professor of International Nutrition, Division of Nutritional Sciences, Cornell University

Virginia H. Laukaran is Staff Associate, International Programs, The Population Council

Penny Van Esterik is Research Associate, Division of Nutritional Sciences, Cornell University

James E. Post is Professor of Management and Public Policy, School of Public Health

Elizabeth K. Kellner is Staff Associate, Center for Population and Family Health, Columbia University

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INTRODUCTION

In discussing the role of factors responsible for changes in breastfeeding patterns both in developing and developed countries, we first must stress the need for improving the understanding of the determinants of changes in infant feeding practices in different socioeconomic and cultural settings. In addition, we must broaden the analytical framework beyond the biological and physiological determinants, which in many instances represents only the outcome of a set of complex and interactive determinants deeply rooted in the environment and living conditions of women and communities.

To understand the mechanisms through which different factors affect the capability of women to breastfeed successfully, better and more comprehensive theories are also needed. Such theories, which can be represented by causal models, should take into account a wide set of conditions ranging from individual to societal factors including the material conditions under which population groups live and the impact of such conditions on their wellbeing, behaviors, and attitudes.

However, theories and models are insufficient if no objective information is gathered to test their validity. In other words, biological and social scientists, among others, have to work together in establishing conceptual models and methodologies, in carrying out applied projects and in devising effective approaches to manage the problem. Whenever possible, the emphasis must be placed not only on the design of palliative measures but in the removal of the underlying causes leading to the decrease in breastfeeding and the adoption of inadequate feeding practices for young children.

The purpose of this paper is to present the conceptual framework, hypotheses, methodologies, and selected preliminary results of the collaborative study on Infant Feeding Practices.

The purpose of the study is to investigate the impact of biological, social, and economic factors on infant feeding practices in order to determine the nature and magnitude of their contribution to problems of infant nutrition. The relative significance of these variables, including the role of health professionals and the marketing and distribution strategies used to promote infant food products, is being assessed and the consequences analyzed. It also intends to generate policy recommendations, and whenever possible, to suggest modifications in existing programs dealing with child nutrition.

The major aspects of the study in each country are: 1) ethnographic field work consisting of participant observation of infant feeding practices in the home and community; 2) a cross-sectional household survey which includes infant feeding practices and consumer behavior relating to infant foods; and 3) a study of the commercial infant food industry in terms of market

structure, size, development, and practices.

The study has been conducted by a Research Consortium consisting of the Population Council, Columbia University's Center for Population and Family Health, and Cornell University's Division of Nutritional Sciences. All work has been planned and executed in collaboration with research teams from the following institutions: Javeriana University in Colombia, the Central Bureau of Statistics and the African Medical and Research Foundation in Kenya; National Institute for Health Research and Development and Diponegoro University in Indonesia, and Mahidol University in Thailand.

LITERATURE UPDATE

It is estimated that at least 90 percent of all women have the ability to nurse their children. The supply and nutritional content of human milk are the result of the complex interplay of biology and behavior. Lactation is called a "socio-biological" variable because, while the ability to nurse is a human characteristic, performance is affected unconsciously by emotional response and consciously by the mother's decision to initiate or terminate breastfeeding.

The flow of milk is governed by a "let down" reflex of the mother. Most of the problems associated with the ability to nurse apparently arise from a malfunction of this reflex and are usually a response to mental stress (1). The supply of milk produced by the mother fluctuates in response to the frequency and intensity of the infant's nursing. More milk is produced if suckling intensifies.

Epidemiological and clinical literature on infant feeding confirms the many advantages of breastfeeding for the growing infant that formula feeding cannot duplicate (2). The nutritional, anti-infective, immunological, non-allergenic, psychological, economic, and birth-spacing characteristics of breastfeeding are unique. Among other professional organizations, the American Academy of Pediatrics and the World Health Organization have endorsed exclusive breastfeeding as the preferred method of feeding for the first four to six months (3, 4).

In developing countries research has indicated that breastfeeding assumes greatest importance among poor families where there may not be the levels of literacy, income, and access to clean water and sanitary conditions necessary to feed an infant artificially without introducing serious risks to the infant's health and survival (1). Even in conditions of relative affluence, breastfeeding is important for protection against infections, allergies, obesity, and possibly some chronic illnesses in later life (5, 6, 7).

From the 1930's through the 1960's, artificial feeding had been the trend for women in modern western society. It was first

taken up by women of the higher social classes, and followed by women of the lower. In recent years, women of the middle and upper classes of these societies, who generally have access to scientific information, have been returning increasingly to breastfeeding (8). In a 1976 survey, the National Center for Health Statistics in the U.S. reported a 10% increase in breastfeeding from 1973 to 1975, with 35% of American women breastfeeding in 1975. However, a 1979 survey involving low-income women in New York City, found 94% to be using infant formula instead of the breast. A relationship between social class and breastfeeding has been shown in numerous studies, with women of the higher classes breastfeeding at higher rates in developed countries (8, 9, 10).

Other factors which correlate positively with breastfeeding are: level of education; being married, being an older rather than a younger mother; and having breastfed (8, 11, 12). A woman is more likely to be successful at nursing if she has the company of other women who have breastfed and can provide her with information and encouragement (8-10). Breastfeeders more often have the support of their husbands than do bottlefeeders (8, 10). Health professionals who are both instructive and supportive are an important factor as well (8).

The role of the mother's salaried employment is a debated issue. According to D.B. Jelliffe (13), the increased frequency of salaried work which accompanies urbanization is a strong contributor to the decrease in the incidence of breastfeeding among urban immigrants. Winikoff and Baer (8), in their extensive review of the literature, point out that not only is salaried work generally not found to be an important consideration for more than 10% of surveyed populations, but that there is evidence that working women may, in fact, breastfeed more. However, taking into account the relationship between higher social class and education level, it is likely that breastfeeders in western societies are those women with jobs that offer them the flexibility to take the time to nurse their infants. It appears to be the structure of the employment situation, rather than employment per se which is a determinant.

In a cross-cultural study on a sample of women in London, Jones (10) found that by far the most common reason for breastfeeding was the benefit to the baby's health. Following that, was the naturalness of breastfeeding, its convenience, a closer emotional bond with the baby, presence of medical advice, and the husband's preference.

During the first few days after delivery there are several variables to which a woman giving birth in a modern hospital is subjected, which can either undermine or reward her efforts in nursing the newborn. Medication with barbiturates sedates the baby as well as the mother. It may take as long as 10 days for the suckling response to become normal. Immediate skin-to-skin contact by nursing on the delivery table is a correlate of successful breastfeeding, but is not always done. Rooming in

arrangements, or family centered care, give the mother the opportunity to feed on demand and stimulate her milk production often. Despite the fact that it normally takes about three days for the milk flow to begin, and that an infant weight loss is to be expected during this period, nurses often feed bottles of glucose water to breastfed newborns to maintain their weights. When the baby's appetite is satisfied with sugar water the infant desires to suck less often and the mother is deprived of necessary stimulation. In the hospital, and at home, the mother is often subjected to well intentioned, ill informed advisors, or not advised at all.

Studies of women who have immigrated from more traditional societies to industrialized western nations have documented huge decreases in the incidence of breastfeeding for the children born in the host country. In Glasgow, where 99% of the Scottish infants are bottlefed, Goel, et al. (14), studied Asian, African, and Chinese immigrants, and found that they were breastfeeding at the rates of 21%, 48%, and 1%, respectively. In their homelands, they had breastfed their previous children at the rates of 83%, 79%, and 81%. Similar results were found in studies of Asian women in England (28, 29), and among Mexican American women in Texas (15, 16). Reasons often given for not breastfeeding include: the convenience and freedom of the bottle; embarrassment; fear of insufficient milk; a real or assumed physical cause (14, 16, 17). That it is not the fashion in the host country is explicitly mentioned far fewer times than the aforementioned reasons. However, this may be deceptive, as Helsing points out, that it is often more socially acceptable to cite insufficient milk as a reason than a desire to conform (18).

CONCEPTUAL FRAMEWORK

As part of the study on Infant Feeding Practices (19), a conceptual framework presenting an integrated interdisciplinary study design was developed (20). This approach combines the different methodologies used in the study to examine complex relationships and testing of the hypotheses.

The framework illustrated in Figure 1 proposes that key infant feeding decisions be examined in the context of the knowledge, experience, and attitudes which affect them. The focus, however, is on identifying the social, economic, environmental, and biological factors which influence the mother's decision-making and, hence, practices. Some of these may determine behavior directly without being mediated by the intermediate variables of knowledge and attitudes. In order to improve infant feeding practices, it is necessary to understand the antecedents which affect key feeding decisions and the intermediate factors of knowledge, attitudes, and past practices which are reflected in current and recent behavior.

In order to complete the picture of infant feeding practices, the consequences of decisions in terms of infant health and nutritional status are also to be examined in a

limited way.

To explore the role of biological, health services, women's employment, and marketing factors in infant feeding practices specific models have been developed to look at groups of related independent variables.

A. Biomedical Model

This model attempts to link certain biological features of breastfeeding to their social and behavioral antecedents. The focal points of this analysis are the practices which affect frequency and intensity of suckling and infant food marketing and health services systems as determinants of those practices. An understanding of these processes will lead to recommendations for the improvement of breastfeeding promotion projects and to clarification of the relationships of breastfeeding to other infant feeding practices. This information will also expand our understanding of the relationship of breastfeeding to contraception and fertility.

The proposed model for analysis of biomedical factors is given in Figure 2. This model includes underlying biological factors considered to be essentially immutable, such as age of mother, parity, sex of the child, health status of the mother, nutritional status of the mother, and previous lactation. These factors interact with intervening biological factors such as morbidity associated with lactation, use of hormonal contraceptives, new pregnancy, and frequency of suckling. The model postulates that, in the presence of motivation to breastfeed, these factors predict duration.

B. Health Services Model

An understanding of the role of the health care sector in determining infant feeding practices requires consideration of two important dimensions: 1) the relationship of selected health service variable to mother's choices and decision-making on how to feed their children; and 2) the way in which health care providers derive their own knowledge, attitudes, practices, and policies on infant feeding. Factors which will be of particular interest are the practices and policies of the infant food and milk industries.

Most of the research on the role of health services in determining infant feeding practices to date has been 1) carried out in western countries where modern technologically-oriented medical care systems have long been established and tend to exercise a major if not dominant influence over factors concerning pregnancy, labor and delivery, the postpartum period and infant care; and 2) has attempted to assess the positive role health services/personnel can play in promoting the initiation of breastfeeding and its continuation in the early postpartum months. These studies have not dealt with negative effects of health services per se, nor have they addressed the full range of

problems in infant feeding practices from failure to initiate breastfeeding through inappropriate supplementation and premature weaning. Figure 3 permits to establish many hypothetical relationships for study. A more specific model for the cross-national analysis of the influences of the health sector in determining infant feeding practices has been developed recently and will be the subject of priority in the analysis (Figure 4).

C. Women's Employment Model

To investigate the relationship of women's employment to infant feeding practices is extremely important. The fuller participation of women in society as a whole, and especially in the paid labor force, has often been alleged to be detrimental to the fulfillment of maternal responsibilities. Because breastfeeding requires the mother to be in physical contact with the infant on a frequent basis, a conflict has been seen between the promotion of breastfeeding and increasing participation of women in non-traditional work activities outside the home.

Information on the relationship of employment to breastfeeding has been derived largely from studies of reasons for weaning as reported by mothers. Several authors have reviewed these studies and have concluded that employment is seldom a determinant of early weaning. Few studies actually have correlated employment status and feeding pattern.

Although it seems unlikely that the trend away from breastfeeding and towards bottle feeding is primarily due to changes in employment patterns, it can be postulated that some aspects of women's employment do have an association with feeding practices. An understanding of this relationship is important in order to establish policies and programs to promote optimal infant feeding.

Figure 5, the model of the relationship of women's employment to infant feeding, defines women according to participation in the modern and traditional labor force. Employment itself is described as a function of socioeconomic status and social mobility aspirations. The model focuses on specific attributes of labor force participation (i.e., formal or informal maternity leave, travel time from work site to child, time allocation, and income from work) which have been posited as important influences on infant feeding choices. The conditions of employment noted above are seen as functions of type of employment, labor legislation, and socioeconomic status. These factors interact with maternal attitudes, child care arrangements, and number and ages of children in order to determine infant feeding practices.

D. Marketing Model

The model for the marketing component of the study is given in Figure 6. The central hypothesis underlying this model is that the greater the availability of breast milk substitutes in

the marketplace, the greater the likelihood that purchase and use will occur. In this model advertising and product promotion are key areas in which sellers of commercial breast milk substitutes develop policies to guide market behavior. Because it is important for production, distribution, and advertising policies to be coordinated if market demand is to be met, and market growth achieved, an examination of production, distribution, and advertising policies, coupled with a careful review of existing government policies and regulations that influence them is required to understand the range of commercial choices available to mothers.

The consumer behavior model is a synthetic model incorporating economic, attitudinal, and experiential elements. The essential assumption is that consumer demand is a function of an individual consumer's knowledge, experience, and general and product-specific attitudes. This demand, in turn, is constrained by the economic resources of the consumer and the availability of the products in the marketplace. The model given in Figure 5 illustrates the general relationship between the elements affecting consumer demand and relates that demand to factors influencing the supply of commercial breast milk substitute products.

In summary, these models may help to understand a whole series of policy issues in urgent need of further exploration. They relate largely to evaluation of the efficacy and feasibility of policy interventions designed to promote optimum infant feeding patterns. Although there have been a few scattered attempts to increase breastfeeding prevalence and duration, very little is known about the range of effectiveness of the different proposed interventions. Better planning of government intervention programs in the future may well be facilitated by an assessment, designed to uncover the factors leading to deficient infant feeding practices and the structure of infant feeding choices.

Similarly, little is known about how to evaluate the importance of various significant actors in this play and how best to influence their practices. Among the most important segments of society for influencing feeding choices may be the medical and health communities and the marketing networks for infant feeding products. It is important to understand the role of both of these groups in changing infant feeding practices and in influencing infant feeding decisions, as well as the range of feasible interventions which may be employed to ensure that the influence of both groups is most conducive to the production of optimal infant health.

GOALS OF THE STUDY

1. To study of the effects of social, economic, biological, and other ecological variables on infant feeding practices.
2. To formulate policy measures that may be appropriate to

promote optimal infant feeding practices.

SPECIFIC OBJECTIVES

1. To describe the patterns of infant feeding from birth to twelve months of age in urban centers and peripheral urbanizing communities in four countries.
2. To describe recent changes in infant feeding patterns among rural/urban migrants.
3. To examine the role of infant food marketing and distribution strategies on infant feeding behavior.
4. To study the incidence, prevalence, and mutability of conditions under which breastfeeding is constrained, and to formulate policy measures that address these situations and that may promote optimal feeding practices.
5. To investigate as far as possible the following special topics:
 - a. Role of women's work in influencing infant feeding patterns.
 - b. Relationship of sex of infant on infant feeding practices.
 - c. Reasons for weaning (including the meaning of insufficient breast milk).
 - d. Role of formal health care system and health care professionals in influencing infant feeding patterns.
6. To develop improved methodologies for investigation of infant feeding (including the areas of ethnography, health, and marketing).

HYPOTHESES

The hypotheses to be tested were:

Biomedical Factors

- Infants who first receive supplementary foods between four and six months of age will have better health and nutritional status than infants who are supplemented earlier or later.

- Infants under six months of age who receive breast milk for longer periods will have better health and nutritional status, other things being equal.

Health Care Providers

- Women who receive prenatal care from physicians and nurses

and/or experience labor and delivery in a hospital are less likely to initiate breastfeeding, more likely to terminate breastfeeding early and to use breast milk substitutes and introduce semi-solids during the first 4 months.

- Women who receive maternal care from traditional birth attendants are more likely to initiate breastfeeding, less likely to terminate breastfeeding early, to use breast milk substitutes, and introduce semi-solids during the first 4 months.

Policies of Health Facilities

- Mothers who are exposed to health facility practices which provide information and support are more likely to initiate breastfeeding and to breastfeed longer.

- Mothers who are exposed to health facility practices which separate mothers and infants or promote or distribute breast milk substitutes will be less likely to initiate breastfeeding and more likely to terminate breastfeeding early and introduce breast milk substitutes.

Marketing Studies

- What current practices and strategies characterize infant food marketing in each nation?

- What factors account, in whole or in part, for the current marketing environment?

- What is the intensity of current promotional activity by infant food sellers to mothers, health care workers, and others who influence infant feeding choices?

- What effects, if any, do the marketing practices and policies of infant food sellers have on infant feeding behavior of mothers?

- What effect, if any, do the marketing practices and strategies of infant food sellers have on the behavior of health care providers?

Women's Employment

- Prevalence and duration of breastfeeding is less strongly associated with labor force participation outside the home than with other factors such as support from health services, exposure to marketing, and maternal attitudes toward breastfeeding.

- Paid labor force participation outside the home increases the probability of early use of breast milk substitutes, early supplementary foods, and substitution of convenient but nutritionally inappropriate foods.

- Among women who do work for pay outside the home, specific

attributes of labor force participation are important determinants of infant feeding practices.

Social Factors

- Women who perceive that they have the support of family, friends, or significant others will be more likely to initiate breastfeeding and to breastfeed longer.

- Women with larger social mobility aspirations will be less likely to initiate breastfeeding and more likely to breastfeed for a shorter time and to introduce supplementary feeding earlier.

- Mothers who believe they have or have had insufficient milk are likely to have introduced breast milk substitutes during the first three months.

METHODS

Infant Feeding Practices Survey

Large sample surveys (\pm 4500 women in toto) include mothers who had given birth in the preceding 12 to 24 months in each city and were based on a representative, multistage cluster sample of each metropolitan area. Each interview included a broad range of possible determinants of infant feeding practices together with a detailed picture of current feeding practices and a limited amount of information from the prior feeding history of each child. The final samples are described below:

	<u>Age of Infants</u>	<u>Approximate Sample Size</u>	<u>Sample Frame</u>
Colombia (Bogota)	0-12 months	750	National Department of Statistics
Indonesia (Semarang)	0-24 months	1,400	Provincial Office of Census and Statistics
Thailand (Bangkok)	0-12 months	1,400	National Institute of Development Administration
Kenya (Nairobi)	0-18 months	1,000	Central Bureau of Statistics

Ethnographic Component

The ethnographic results were used to revise and generate hypotheses, to guide the collection of survey data, and to complement the survey data. Local teams spent approximately three months in three or four neighborhoods in the four study sites: Bangkok, Bogota, Nairobi, and Semarang (Java). They planned and carried out the fieldwork with technical assistance from the Consortium when requested. A second phase of fieldwork was conducted to follow up on special questions arising from phase one ethnography or the survey in three of the study sites.

During the first phase of fieldwork the teams chose a number of neighborhoods broadly representative of the urban poor in each city. Within each neighborhood they observed from ten to twenty families to describe in detail their infant feeding practices and how mothers in particular view infant feeding.

- Colombia:

In Colombia, the community studies were carried out in three low and middle income sectors of Bogota, in the southeast, west, and northwest of the city. Fieldwork was done by two trained anthropologists working together in one neighborhood at a time. The team prepared a field manual with topic areas to be examined by open ended interviewing and participant observation. The team worked intensively with 30 families with infants. The project nutritionist and anthropologist worked together on both the ethnography and the survey to integrate these components.

- Indonesia:

Fieldwork was carried out in three locations within the boundaries of Semarang - in the city center, suburban, and periurban regions. One or two fieldworkers were assigned to each area for three months. The Indonesian field manual was prepared by the team after their training period. Fifty-eight mothers were studied and interviewed on specific topics on infant feeding as well as follow-up formal analysis on a smaller number. A mini ethnography seminar, held after the fieldwork, was completed to present findings to the survey and marketing teams and to revise the study hypotheses.

- Kenya:

In Nairobi, fieldwork was carried out in one area which had both middle class housing estates and poor "village" housing. Two fieldworkers worked together following a question guide constructed at AMREF. Over the three-month period, 64 households were studied. The informants were Kikuyu and Luo currently breastfeeding mothers. Phase two ethnography focused on the mothers of malnourished infants admitted to a pediatric ward in Nairobi.

Thailand:

Fieldwork was carried out in four kinds of Bangkok settlements: slum/public housing, construction workers' housing, housing in an industrial area, and in a long settled suburban area. Male-female teams worked with 10 households within each neighborhood. The male team member focused more on the community context, while the female team member remained with the mother and infant. The second phase of research focuses on the communication of infant feeding information in health centers.

Marketing and Consumer Behavior

Three specific approaches were used: a retail market study, a study of the state of the industry, and a consumer behavior study.

The retail market substudy explore the distribution of breast milk substitutes by examining the number, variety, and prices of products in a sample of sales outlets (food stores, pharmacies). Preliminary market investigations and ethnographic field research on the commercial products actually used to feed infants were employed to develop a list of products in common use in each country.

The state of the industry substudy provides information about the production, distribution, and advertising policies and practices of infant food wholesalers and retailers. Trade policies and regulations of national governments is analyzed as they influence the production, distribution, and advertising practices of producers and sellers. Information was collected through secondary data analysis and interviews with appropriate industry, government, and health personnel. Specific practices, such as distribution of free samples and promotion to the medical profession was also examined as part of other substudies.

The consumer behavior substudy, administered as a segment of the cross-sectional survey on infant feeding practices, provides data on the demand for breast milk substitutes. The decisions to buy and use breast milk substitutes are manifested in two distinct types of behavior, namely, purchase of a commercial breast milk substitute in the market and feeding of a breast milk substitute to an infant. Purchasing behavior was elicited through survey questions on commercial products fed to infants as well as through observation of retail outlet practices. Feeding behavior was explored in a segment of the cross-sectional survey.

PRELIMINARY RESULTS

Data collection in the four sites was completed by 1982. Ever since, country teams have worked in the analysis of the information gathered and the Consortium has provided technical assistance in the different study components.

Preliminary reports and copies of raw data have been made available to the Consortium, including computer tapes of the Infant Feeding Practices surveys and ~~Constitution~~^{Consent} Behavior. At the present time Consortium staff is working in the integration of the results from the four country project.

This report includes tables and figures of initial results concerning selected aspects of the study.

% DISTRIBUTION OF AGE, EDUCATION, BIRTHPLACE
AND EMPLOYMENT OF MOTHER

	Bangkok	Nairobi*	Semarang*
Age of mother			
< 20 years	8%	16%	9%
20-24 years	31%	44%	37%
25-29 years	33%	25%	29%
30-34 years	18%	9%	15%
35+ years	<u>9%</u>	<u>5%</u>	<u>10%</u>
	100%	100%	100%
Education of mother			
none	5%	19%	11%
1-4 years	64%	8%	16%
5-7 years	14%	40%	32%
8-10 years	9%	13%	20%
11-12 years	0%	19%	16%
13+ years	<u>8%</u>	<u>1%</u>	<u>5%</u>
	100%	100%	100%
Mother's Place of Birth			
same city	42%	5%	NA
not same city	<u>58%</u>	<u>95%</u>	
	100%	100%	
Current Employment of Mother			
not employed	67%	82%	77%
employed - works home	8%	5%	7%
employed - outside home	<u>25%</u>	<u>14%</u>	<u>16%</u>
	100%	100%	100%
Sample size	(1272)	(734)	(622)

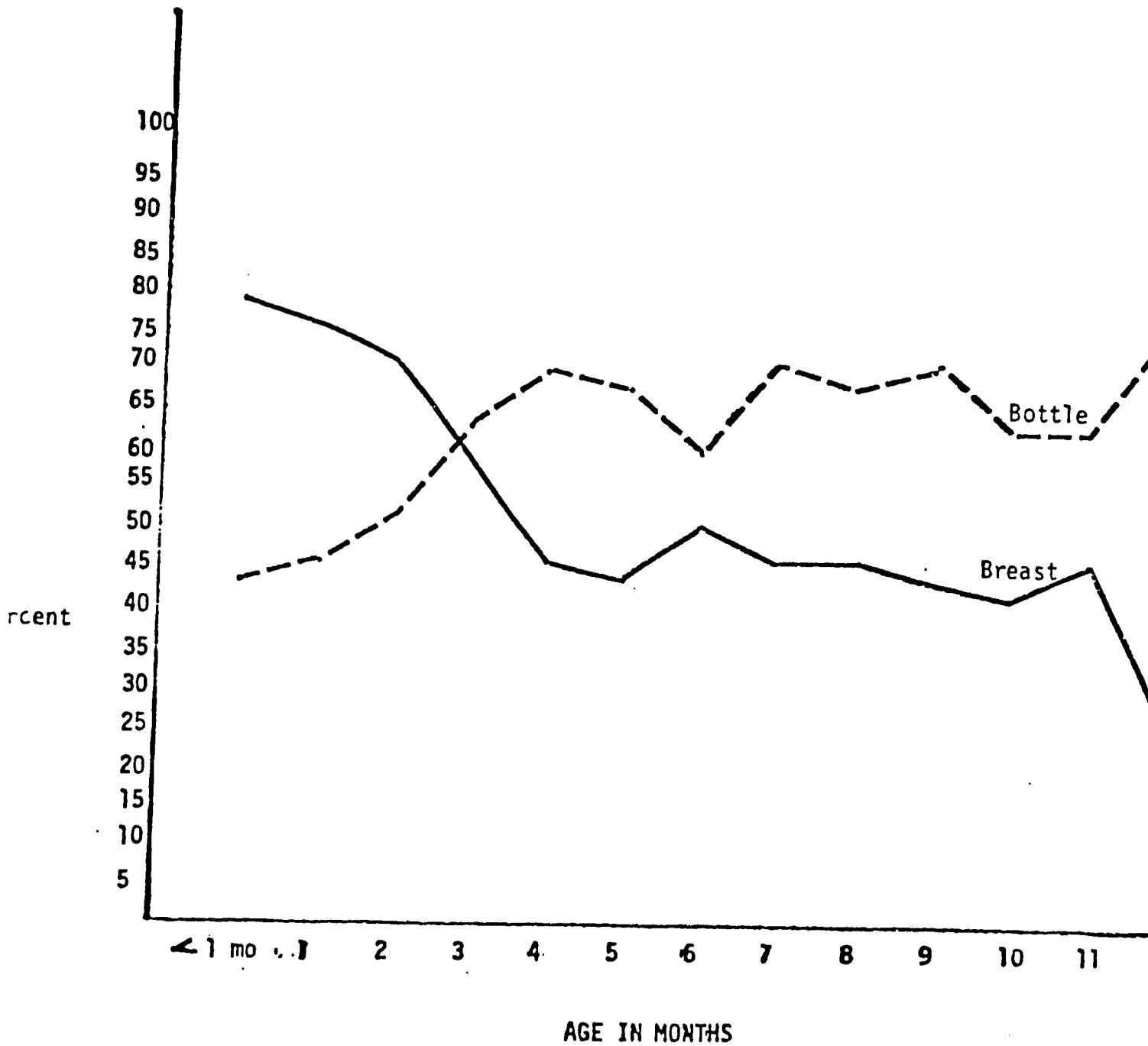
* Infants 0-12 months

ENVIRONMENTAL CONDITIONS IN THREE STUDY SITES, I.F.S.

	Bangkok	Nairobi*	Semarang*
Percent with running water in household		29%	19%
Percent with electricity	98%	29%	65%
Percent with toilet (not latrine)	99%	40%	63%
Percent with refrigerator	35%	7%	8%
Percent using only charcoal or wood for cooking	62%	56%	5%
Percent with no cooking facilities	0%	12%	2%

* Infants 0-12 months of age

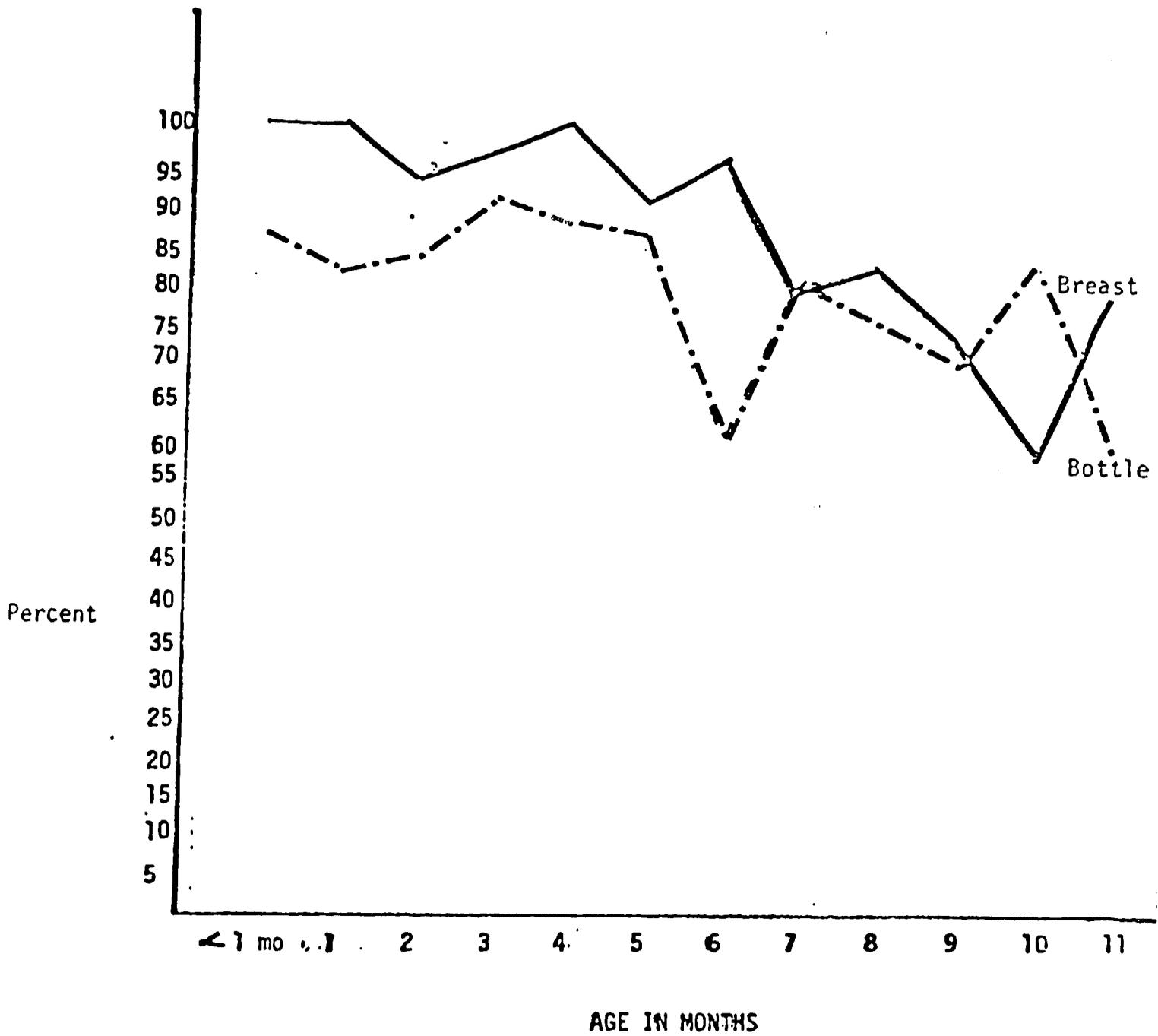
PERCENTAGE OF MOTHERS CURRENTLY BREAST AND BOTTLE FEEDING BY AGE OF CHILD, I.F.S., BANGKOK.



I.F.S. BANGKOK

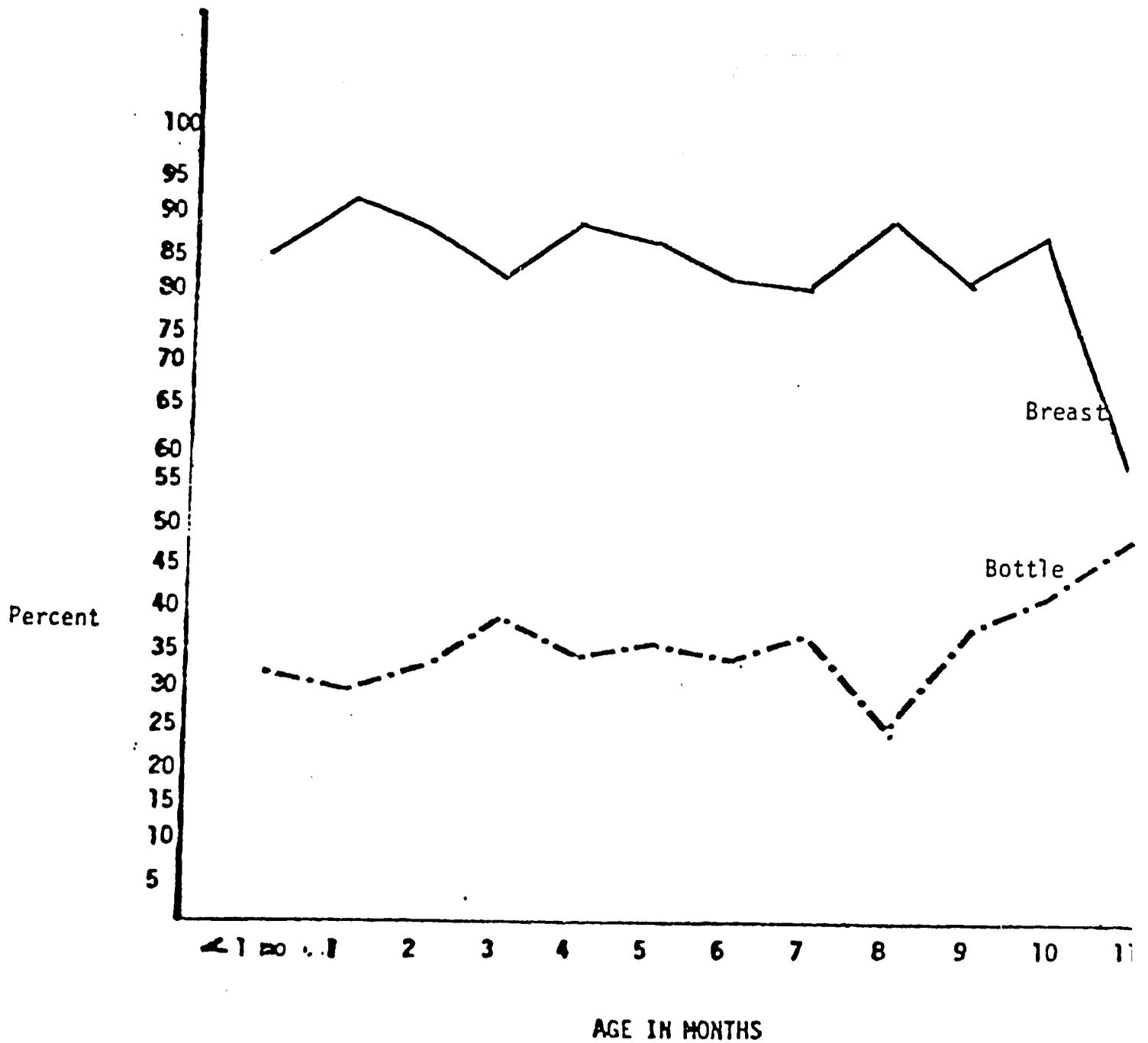
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PERCENTAGE OF MOTHERS CURRENTLY BREAST AND BOTTLE FEEDING BY AGE OF CHILD, I.F.S., NAIROBI



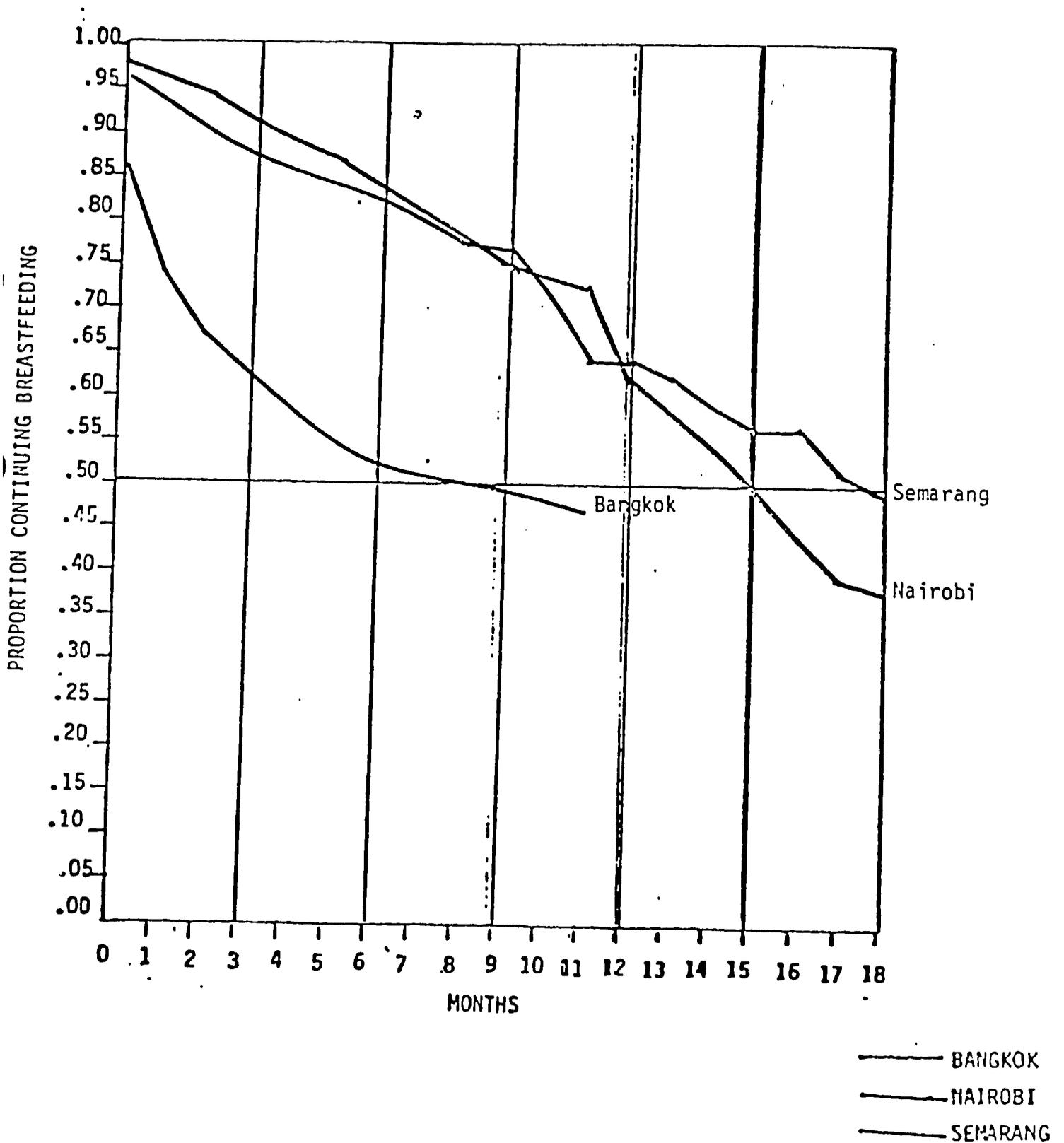
IFS NAIROBI

PERCENTAGE OF MOTHERS CURRENTLY BREAST AND BOTTLE FEEDING,
I.F.S., SEMARANG.



I F S SEMARANG

LIFE TABLE ANALYSES OF PROPORTION CONTINUING BREASTFEEDING,
MONTH BY MONTH, I.F.S.



% DISTRIBUTION OF CURRENT PATTERN OF FEEDING BY MONTHS OF AGE,
FIRST SIX MONTHS OF LIFE INFANT FEEDING STUDY

	BREAST ONLY	BREAST & BOTTLE	BOTTLE ONLY*	BREAST & BOTTLE & FOODS	BREAST & FOODS	BOTTLE & FOODS		
FIRST MONTH								
Semarang	46	15	0	0	23	15	100	(13)
Nairobi	8	56	0	30	6	0	100	(20)
Bangkok	46	15	18	6	10	5	100	(80)
SECOND MONTH								
Semarang	28	8	2	13	43	7	100	(61)
Nairobi	4	55	0	25	15	0	100	(30)
Bangkok	22	8	3	12	33	22	100	(103)
THIRD MONTH								
Semarang	33	12	3	10	35	8	100	(61)
Nairobi	9	48	0	29	5	8	97.5	(46) 2.5% no milk
Bangkok	18	3	6	18	32	24	100	(103)
FOURTH MONTH								
Semarang	13	2	2	21	49	14	100	(63)
Nairobi	1	42	0	45	8	4	100	(29)
Bangkok	8	2	6	18	29	37	100	(113)
FIFTH MONTH								
Semarang	10	0	0	22	56	12	100	(63)
Nairobi	0	25	0	64	12	0	100	(27)
Bangkok	4	3	4	11	27	51	100	(136)
SIXTH MONTH								
Semarang	14	0	2	22	51	10	100	(58)
Nairobi	0	21	0	56	13	10	99	(49) 1% no milk
Bangkok	2	0	4	11	30	53	100	(131)

* "Bottle" denotes milk or milk-based preparations including powdered milk, wholemilk and formula, regardless of method of feeding (usually a feeding bottle but rarely, cup and spoon).

**Relationship Between
Product Experience and Use
in Semarang
(Percentage Responding "Yes")**

<u>Product Name</u>	<u>Ever Used</u>	<u>Ever Bought</u>	<u>Now Using</u>
<u>Infant Formula</u>			
SGM	34%	16%	7%
Lactona	14	7	4
Lactogen	11	5	4
S-26	5	2	1
<u>Full Cream Milks</u>			
Klim	7	3	4
Dan Cow	14	8	6
<u>Sweetened Condensed Milks</u>			
Indomilk	24	12	8
Susu Bendera	22	12	9

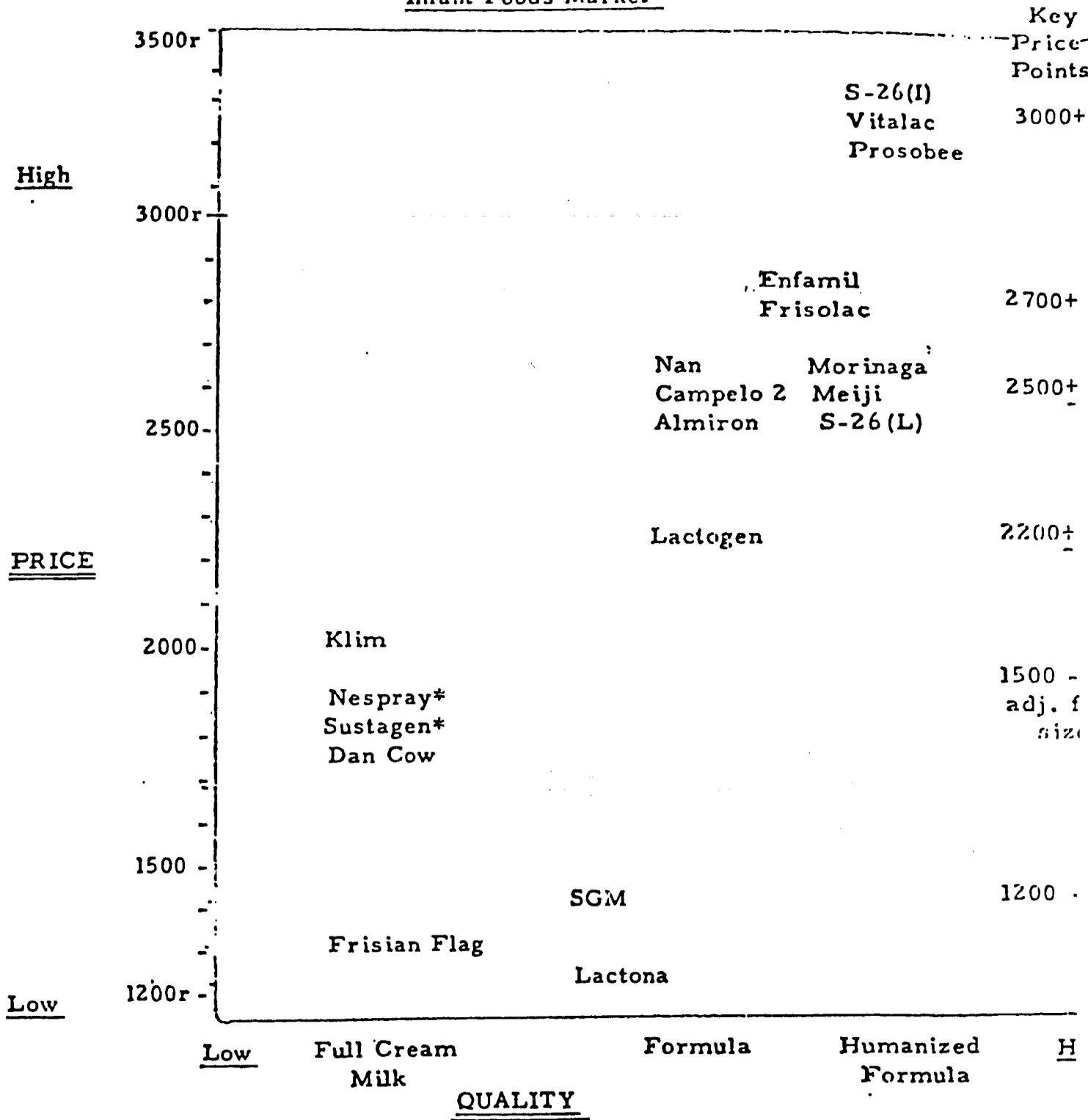
REPORTED SOURCES OF AWARENESS OF FORMULAS AND FULL CREAM MILKS

	<u>Semarang</u>	<u>Bangkok</u>
<u>Category</u>		
Store	43.7%	27.4%
Neighbor/ Friend	22.2%	19.9%
Television	11.1%	23.6%
Health Care Professional	12.2%	9.3%
- M.D.	3.5%	
- Midwife	8.7%	
Radio	3.6%	10.5%
Print	3.1%	0.9%
Other	4.1%	8.4%*

* includes relatives (6.6%)

Product Clusters in the Indonesian

Infant Foods Market



* Nespray and Sustagen have been adjusted to common size with Klim and DanCow. Actual price for 1k can of Nespray was 3950r and Sustagen at 3650r.

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WORKING GROUP RECOMMENDATIONS

Working Group A: Nutrition Anthropology and Methodology

Working Group Coordinator: Maria Eugenia Romero

Rapporteur: Esperanza Salazar, FEI, Javeriana University

General study methodology was included among the themes of discussion in this working group.

Topics of Discussion

1. Study Methodology.

Recommendations:

- (a) Participation of an interdisciplinary group in the design and analysis of a study.
- (b) Participation of specialists in the themes or areas dealt with in the study, design and analysis together with the working group plan alternative solutions.
- (c) To include in the design and analysis phases of the study, those entities that deal with aspects or themes dealt with in the study, for the purpose of understanding the results so that actions and solutions related to the situation can be found.
- (d) The methodology used in this study is an innovative methodology that can be replicated for use in other studies.

2. Ethnographic Methodology.

Use of nutrition anthropology in studies on feeding in general.

(a) Definition of ethnography:

Ethnography is the area of anthropology which allows us to describe and analyze the material and non-material world of the community, placing it within a socio-economic and cultural context. Ethnography uses a series of techniques, such as participant and non-participant observation, interviews, etc.

Ethnography is part of the growing discipline of nutrition anthropology, the branch of anthropology which focuses on the study of the existing relationship between beliefs and feeding practices with nutrition among other aspects.

(b) Use/Advantages of Ethnography:

- Identifies areas, problems, real needs and feelings of the community.

- Rejects or confirms information.
- Means of verifying the validity of questions to be included in a survey.
- Semantic and linguistic support.
- Ethnography helps to determine existing values in the community allowing the appropriate channelling of educational messages. (i.e.: machimo, an athlete's image, etc.).
- One major reason for recommending the general use of this methodology in research is that it establishes a precise definition in the selection of case study samples that helps to avoid distortions and insure representativeness of the sample.

3. Beliefs and Practices Regarding Infant Feeding.

Symbolism of what is permitted or prohibited, and identification of problems and solutions.

- (a) The study of beliefs and practices is a useful source of interpretation of reality.
- (b) The study of practices and beliefs of a community is of great importance in regard to the design of nutrition education programs.

These beliefs and practices should be analyzed from the nutrition and health perspective for the purpose of determining which are or are not beneficial.

- (c) To make analysis practices related to beliefs for the purpose of identifying nutrition intervention strategies that are culturally appropriate.

4. General Recommendations Concerning the Study.

- (a) Analysis and dissemination of the results of the study and availability of the data bank to interested parties.
- (b) The status of nutrition programs aimed at lower income groups is of concern.

Working Group B.

Practices and Determinants of Infant Feeding, Health Services, and Women's Work

Working Group Coordinator: Belen de Paredes

Rapporteur: Ines Betancourt Isaacs

I. Lack of Uniform Measurement Criteria

Solution

Standardization of criteria:

- growth development and nutritional value
- supplementary feeding, moment and type of initiation
- treatment of diarrhea and oral hydration
- vaccination

Strategies

Scientific technical seminar:

- elaboration of technical norms and their promotion and devaluation
- meetings of technical committees at the national, regional and local levels
- interinstitutional committees including the public and private sectors
- revision and uniformity of curricula

Institutions to Take Action

- Ministry of Health and related organizations
- scientific societies
- health sector employees and others
- ICFES and Ascofome
- Ministry of education and secretariat of education

II. Lack of Sociocultural Applicability in Nutrition Education

Solution

- Adopt a participant-oriented approach in accordance with the needs of the community.

Strategies

- Review the needs of the community
- Develop a method of educating the community
- Teach and disseminate this methodology to institutions in health and education

- Perform the necessary follow up, evaluation and necessary adjustments to the methodology
- Achieve a true interinstitutional integration through national regional and local committees.
- Undertake revision in the educational curriculum on the elementary and secondary levels with regard to health and nutrition.
- Give priority to nutrition and health problems and programs in educational institutions.
- Train staff in program content and teaching methods.
- Supervise and control the quality of information distributed through the mass media.

Institutions to Take Action

- Ministry of Health and related organizations
- Ministry of Education and Secretariat of Education
- National Planning Department
- Ministry of Communications
- Inravisión
- Program Camina, I.P.C., Presidency of the Republic

III. Low Quality and Poor Coverage in the Provision of Health and Nutrition Services

Nutrition Services

Solution

- Motivation of responsible staff
- Supervision, evaluation and control of activities developed by the health team
- Sensitization of health service personnel
- Community participation in the organization of development of programs to expand coverage and improve services

Strategies

- Stimulate health personnel from the professional and personal points of view through programs in social welfare and personnel services.
- Facilitate the processing of necessary administrative documents related to the distribution of materials.
- Adequately proportion and maintain working materials
- Reassign and delegate health care team functions
- Promote and conduct hand relations and ethic courses for health professionals and social sensitization courses for technical and administrative personnel
- Allow the participation of the community in these programs from their design through their implementation
- Define and apply mechanisms for the dissemination of information on the objectives and development of programs at different levels of regionalization.

Institutions to Take Action

- Ministry of Health and related organizations
- Office of compensation and social provisions
- Community and users of services
- Faculty of Health Sciences
- Program Camina and I.P.C., Presidency of the Republic
- Ministry of Government - Community Action

Working Group C: Commercial Foods: Legislation, Supply and Demand

Working Group Coordinator: Adela Morales de Look

Rapporteurs: Cecilia Helena Montoya
Camilo Rozo

Objective:

To draft a set of recommendations for policymakers aimed at addressing the problems identified in this research project.

I. Contraband and Importation of Infant Foods

The quantity of foods that enter the country as contraband is not known. The group considers the present government's policy for counteracting this phenomenon both appropriate and timely.

The effect of the importation of processed foods on national industry and on the consumer was discussed.

An educational campaign directed at the consumer is recommended. It should be launched to make consumers aware of health problems caused by the indiscriminate consumption of contraband infant food.

II. Promotion of Breastfeeding through the Health Sector

Colombia was a leader in the regulation of breastmilk substitutes and supplementary foods. The emphasis on regulation was part of the breastfeeding promotion campaign launched by the National Food and Nutrition Plan (PAN).

Companies producing infant foods have been adhering to the legislation. Companies therefore are focusing on improving the quality of their products from a medical and nutritional standpoint, emphasizing that breastmilk is the best food for the newborn.

The furnishing of free samples of infant formula to mothers is restricted to doctors and health professionals.

It is recommended that the MSP(?) and the Colombian Family Welfare Institute (ICBF) resume their leadership role in order to continue the breastfeeding campaign.

Breastfeeding is a topic that must be included in health science curricula. Also, existing material on breastfeeding promotion should be reproduced and widely distributed by those institutions involved in the breastfeeding campaign.

III. Publicity and Advertising of Supplementary Infant Foods

Malnutrition is occurring with greater frequency during the period when supplementary foods are introduced into the diet. There is a noticeable lack of a clear government policy on foods that provide adequate nutrition, keeping in mind the family's income.

Violations of norms governing food quality, labeling, and advertising have occurred at the government and industry levels.

It is recommended that a campaign be launched via the Colombian Consumer Federation's existing network to teach consumers how to interpret the information on package labels. Simultaneously, the use of mass media for advertising infant foods should be strictly regulated.

Consumers should be encouraged to address complaints about misleading advertising to the Consumer's League.

The production of processed foods of higher nutritional value should be encouraged.

The means of coordinating agro-industrial and food policies in the country should be sought.

Nutrition education programs should emphasize the importance of delaying the child's introduction to the family's diet until later in the first year of life.

IV. Consumer Prices

The role of distributors should be evaluated in an effort to reduce middleman costs and thereby reduce food prices.

Consumers should be educated in the following:

- Selection of purchase points based on price
- Purchase of fresh foods
- How to stretch the family budget
- How to prepare dishes of higher nutritional value.

V. Quality Control

Nutritional standards for foods, existing nutritional problems, and feeding habits should be defined so that policies governing production standards can be formulated.

A system that would enable smaller companies to establish adequate quality control and assessment should be developed.

VI. Legislation

Decree No. 1220 of 1930 covers breastmilk substitutes and supplements. Manufacturers of infant formula also are governed by the WHO code.

The working group recommends evaluation at the national level of compliance with Decree No. 1220.

The working group made the following recommendations with respect to resolution nos. 4135 and 2073, which regulate enriched supplementary foods.

1. Remove Resolution No. 2073 from the regulations of the Review Commission on Pharmaceutical Products, since enriched foods do not fall within the category of pharmaceutical products.
2. Revise and modify these resolutions via agreement among the government, private industry, and professional groups.
3. Revise and modify regulations on chemical composition and nutrients that can be added to foods. For example, adding vitamin C and phosphorus is not permitted under present regulations.
4. Enact legislation concerning the clear identification of nutrients that can be added to different types of food substances.
5. Enact legislation to specify whether or not nutritional content information on enriched foods should correspond to the raw product or the cooked product.
6. Establish regulations governing labeling and nutrition information on enriched food packages.
7. The National Planning Department should make public its position regarding the table of standard nutritional requirements and recommendations for the people of Colombia.

WORKING GROUP PARTICIPANTS APPENDIX D

GRUPO A

COORDINADOR: Ma. EUGENIA ROMERO M.

LAWRIE CARDONA - Antropóloga - Subdirectora de cursos - Uniandes.

DORIS LEWIN - Instituto Colombiano de Bienestar Familiar - Antropóloga - Oficina Planeación.

YOLANDA RAMIREZ - F.E.I. Universidad Javeriana - Nutricionista.

ESPERANZA SALAZAR - F.E.I. - Universidad Javeriana - Coordinador Proyecto rural - Nutricionista.

SOLEDAD NIÑO - Antropóloga - F.E.I. Universidad Javeriana.

AURA GARCIA - Facultad de Medicina - Nutricionista - U. Nacional.

EDGAR RODRIGUEZ - Estadístico INAS.

CONSUELO URIBE M - F.E.I. - Universidad Javeriana - Socióloga Directora (E) Programa de Alimentación y Nutrición.

Joanne Spicehandler - Population Council.

CECILIA GREGORY - Departamento de Antropología - Universidad Nal.

CARMENZA SULUAGA - D.N.P. (Departamento Nal. de Planeación)

YOLANDA DE JARAMILLO - ICAN

GRUPO B

MARGARITA VILLATE DE GARCIA - Especializada en Nutrición - Departamento Nal. de Planeación.

CARMEN ALICIA GUZMAN - Nutrición y dietética - Universidad de Antioquia.

ELSA DE ARISTIZABAL - Nutricionista - Universidad Javeriana.

ISABEL DE GARCIA - Educadora en Salud O - Universidad Pedagógica Nal.

MARGARITA ARCHIBOLD NUÑEZ - Nutricionista - Universidad Javeriana.

INES BETANCOURT - Nutricionista dietista - Servicio de Salud de Cundinamarca.

MIRYAN DIAZ DE ORTEGA - Nutricionista Dietista - Servicio de Salud de Bogotá.

MARIA DEL SOCORRO MENDEZ - Educadora en Salud - Servicio de Salud de Bogotá.

FRANCISCO LINARES - M.D. M. Se. Instituto Colombiano de Bienestar Familiar.

IRMA ESCOBAR M. Nutricionista - Universidad Javeriana - Programa de Universidad Abierta.

ROSA DELIA PINEDA R. - Técnica Programación - Secretaría - Educación del Distrito Especial.

GRUPO C:

Coordinador:

ALBERTO MARIN CUESTA - Instituto Colombiano de Bienestar Familiar - Jefe División de Investigaciones.

CAMILO ROZO - Jefe Departamento de Nutrición Humana - Productos Roche S.A.

NORTON YOUNG - Coordinador Comité Nacional de Investigación en Tecnología de Alimentos y Nutrición - COLCIENCIAS.

SANTIAGO TOBON - Junta del acuerdo de Cartagena - Asesor.

EDITH RODRIGUEZ - Nutricionista - Dietista.- Secretaría de Integración Popular (Programa I.P.C.) Presidencia de la República.

GERMAN QUINONES - Jefe grupo Productos infantiles Nestlé Colombia.

CARLOS DARIO FOERERO W. - Director de Promoción Nutricionales Laboratorios Wyeth Inc.

ADALBERTO GALLARDO ARCHIBOLD - Jefe Sección Programas Médicos (e)

LUZ MARINA PAYAN RUBIANO - Nutricionista Dietista - Laboratorios Wyeth Inc.

CECILIA HELENA MONTOYA M. - Nutricionista Ministerio de Salud.

CONSTANZA HELENA GUZMAN - Economista - Instituto de Investigaciones Tecnológicas.

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GRUPO A:

RELATOR: ESPERANZA SALAZAR - F.E.I. Universidad Javeriana

ANTROPOLOGIA NUTRICIONAL Y SU METODOLOGIA

Se incluyó dentro de los temas de discusión el punto referente a la metodología general del estudio. Los puntos 2 y 3 de la guía se unieron en uno sólo para su discusión.

TEMAS DE DISCUSION

1. Metodología del estudio.

RECOMENDACIONES:

- a) La participación del grupo interdisciplinario en las fases de diseño y análisis del estudio.
- b) Participación de los especialistas de los temas o aspectos tratados en el estudio, diseño y análisis para que conjuntamente con el grupo de trabajo se planean alternativas de solución.
- c) Incluir en las fases de diseño y análisis del estudio, las entidades que tienen que ver con los aspectos o temas tratados, con el fin de que conozcan los resultados y puedan derivar acciones tendientes a dar soluciones a la situación encontrada.
- d) La metodología empleada en este estudio es una metodología innovadora, que puede ser replicable en otros estudios.

2. METODOLOGIA ETNOGRAFICA

Utilidad de la antropología Nutricional en estudios sobre alimentación en general.

a) Definición de Etnografía:

Arca de la Antropología que permite describir y analizar el mundo material y no material de la comunidad, ubicándola en un contexto socio- económico y cultural. La Etnografía emplea una serie de técnicas tales como la observación participante y no participante, entrevistas etc.

La etnografía es un aporte a la disciplina naciente de la Antropología nutricional, la cual estudia la relación existente entre " Creencias y prácticas alimentarias con la nutrición " entre otros aspectos.

b) UTILIDAD O VENTAJAS DE LA METODOLOGIA ETNOGRAFICA:

1. Identifica áreas, problemas , necesidades reales y sentidos de la comunidad.
2. Rechaza o retoma información.
3. Medio de verificar la validez de las preguntas que van a ser incluidas en la encuesta.
4. Aporte semántico y lingüístico.

4. La etnografía ayuda a determinar los valores existentes en la comunidad, permitiendo la canalización de los mensajes educativos. Ej: Machismo, la imagen del deportista etc.
5. Como recomendación general al uso de la metodología en los estudios es la de que se establezca una definición precisa en la selección de la muestra de estudios de casos para evitar sesgos y obtener una mejor representatividad.

3. CREENCIAS Y PRACTICAS DE LA ALIMENTACION INFANTIL

Simbología de lo permitido y lo prohibido, e identificación de problemas y soluciones.

- a) El estudio de las creencias y prácticas son una fuente útil de interpretación de la realidad.
- b) El estudio de las prácticas y creencias que tiene la comunidad son de suma importancia considerar en el diseño de programas de educación nutricional.

Estas creencias y prácticas deben ser analizadas desde el punto de vista nutricional y de salud con el fin de determinar cuáles son o no beneficiosas.

- c) Hacer un análisis específico de las prácticas relacionadas con las creencias con la finalidad de identificar puntos de intervención nutricional.

4. RECOMENDACIONES GENERALES AL ESTUDIO

1. Análisis y divulgación de los resultados del estudio y disponibilidad de Bancos de datos para las entidades interesadas.
2. Preocupa el estado de los programas de nutrición en el País dirigidos a los estratos bajos.

COORDINADORA: Dra. MARIA EUGENIA ROMERO M.

PONTIFICIA UNIVERSIDAD JAVERIANA.

SEMINARIO SOBRE PRACTICAS Y DETERMINANTES DE LA ALIMENTACION
INFANTIL EN BOGOTA.

GRUPO B.

I - FAUTA DE UNIFICACION DE CRITERIOS.

SOLUCION

Estandarización de criterios:
Crecimiento desarrollo y valoración nutricional.
Alimentación complementaria, momento y forma de iniciación.
Tratamiento de diarreas y rehidratación oral
Vacunación.

ESTRATEGIAS

Seminario Técnico Científico;
Elaboración de normas técnicas, promoción y evaluación de las mismas.
Reuniones de Comites técnicos a Nivel Nacional, regional y local.
Comites interinstitucionales con el sector oficial y el privado.
Revisión y unificación curricular.

INSTITUCIONES QUE PODRAN ACTUAR

Ministerio de Salud y organismos dependientes adscritos y vinculados.
Sociedades Científicas
Carreras relacionadas con el Sector de Salud, otras Icfes y Ascofame.
Ministerio de Educación y Secretaría de Educación.

II- NO ADECUACION SOCIO-CULTURAL DE LA EDUCACION NUTRICIONAL

SOLUCION

Adoptar una metodología, participativa acorde con las necesidades de la comunidad.

ESTRATEGIAS

Revisar las necesidades de la comunidad.
Adaptar una metodología educativa a la comunidad.

./...

- Enseñar y divulgar esta metodología en Instituciones de Salud y educación.
- Hacer seguimiento, evaluación y ajustes necesarios de esta metodología.
- Lograr verdadera integración Inter-institucional a través de comités Nacional, regionales y locales.
- Realizar la revisión curricular en educación básica y secundaria en aspectos de salud y nutrición.
- Dar prioridad a los problemas y programas de nutrición y salud en Instituciones educativas.
- Capacitar en Servicio sobre contenidos y metodologías.
- Supervisar y controlar la calidad de los mensajes divulgados por medios masivos de comunicación.

INSTITUCIONES QUE PODRAN ACTUAR

Ministerio de Salud y organismos adscritos y vinculados
 Ministerio de Educación y Secretaría de Educación.
 Planeación Nal.
 Ministerio de Comunicaciones
 Inravisión
 Presidencia Programa Camina, I.P.C.

III- BAJA CALIDAD Y POBRE COBERTURA EN LA PRESTACION DE LOS SERVICIOS DE SALUD Y NUTRICION

SOLUCION

Motivación del personal responsable
 Supervisión asesoría y control de las actividades desarrolladas por el equipo de salud.
 Humanización del servicio.
 Participación comunitaria en la organización y desarrollo de programas, para ampliar coberturas y mejorar los servicios.

ESTRATEGIAS

Estimular al personal desde el punto de vista personal y profesional. A través de programas de Bienestar social y oficina de personal .
 Agilizar los trámites administrativos para la distribución de elementos.

- Dotar y mantener adecuada y oportunamente los elementos de trabajo
- Reasignar y delegar funciones al equipo de salud.
- Promover y realizar cursos de relaciones humanas ética Profesional y concientización social para personal técnico y administrativo.
- Permitir la participación de la comunidad en estos programas desde su diseño hasta su implementación.
- Definir y aplicar mecanismos de difusión de información sobre objetivos y desarrollo de los programas a través de los distintos niveles de regionalización.

INSTITUCIONES QUE PODRAN ACTUAR

Ministerio de Salud y organismos dependientes adscritos y vinculados
 Cajas de Compensación y previsión Social.
 Comunidad y usuarios del servicio.
 Facultades de Ciencias de la Salud.
 Programa " CAMINA E I.P.C. " Presidencia de la República.
 Min Gobierno - Acción comunal.

COORDINADORA: BELEN S. DE PAREDES.
 RELATOR: INES BETANCOURT ISAACS.

GRUPO DE TRABAJO No. 3: LOS ALIMENTOS INDUSTRIALIZADOS:

Legislación, Oferta y demanda

PARTICIPANTES:

- ALBERTO MARIN CUESTA - I.C.B.F. - Jefe División de Investigaciones
- CAMILO ROZO - Jefe Dpto. de Nutrición Humana - Productos Roche S.A.
- NORTON YOUNG - Coordinador Comité Nal. de Investigación en Tecnología de Alimentos y Nutrición - Colciencias.
- SANTIAGO TOBON - Junta del acuerdo de Cartagena - Asesor
- EDIT RODRIGUEZ - Nutricionista - Dietista - Secretaría de Integración Popular - (PROGRAMA I.P.C.) Presidencia de la República.
- GERMAN QUITONES - Jefe grupo productos infantiles - NESTLE COL.
- CARLOS DARIO FORERO - Director de Promoción Nutricionales - Laboratorios Wyeth Inc.
- ADALBERTO GALLARDO ARCHIBOLD - Jefe Sección Programas Médicos (E)
- LUZ MARINA PAYAN RUBIANO - Nutricionista Dietista - Laboratorios Wyeth Inc.
- CECILIA MONTOYA M. - Nutricionista Ministerio de Salud.
- CONSTANZA HELENA GUZMAN - Economista - Instituto de Investigaciones Tecnológicas.

OBJETIVOS : Establecer una serie de recomendaciones para ser presentadas a las entidades de nivel decisorio para que se corrija la problemática encontrada en la investigación.

ORDEN DE DISCUSION

I- CONTRABANDO E IMPORTACION DE ALIMENTOS INFANTILES

No se conoce el volumen de estos alimentos que entra al País por contrabando. Por lo tanto, el grupo considera que la política actual del gobierno para luchar contra este fenómeno es acertada.

Se discutió la influencia negativa que tiene la importación de alimentos procesados en la industria nacional y en el consumidor.

Se recomienda establecer una campaña educativa dirigida al consumidor, para demostrar los problemas que trae el consumo indiscriminado de alimentos infantiles de contrabando.

II- PROMOCION DE LA LACTANCIA MATERNA A TRAVES DEL SECTOR DE LA SALUD

Colombia fué líder en la creación de una reglamentación referida a los alimentos sustitutos y complementarios de la leche materna, como parte de la campaña de fomento a la lactancia materna del Plan Nacional de Alimentación y nutrición.

Las compañías productoras se ciñen a la legislación vigente.

Por lo tanto, solamente se promocionan las cualidades de los productos a nivel médico y de nutrición, enfatizando que el -leche materna es el mejor alimento para el recién nacido.

Con la excepción de médicos y nutricionistas, existe restricción en el suministro de muestras.

Se recomienda que el MSP y el I.C.E.F. retomen el liderazgo - para continuar con la campaña de la lactancia materna, así como con la capacitación y evaluación de los agentes multiplicadores en salud.

Se insiste en incluir los contenidos de la lactancia materna en el curriculum de ciencias de la salud. También, el material existente de promoción de la lactancia materna, debe ser reproducido y distribuido por estas Instituciones para apoyar la promoción de la lactancia materna.

III - PUBLICIDAD Y PROPAGANDA DE ALIMENTOS INFANTILES COMPLEMENTARIOS

Considerando que la desnutrición ocurre con más frecuencia en el periodo de destete e introducción de alimentos complementarios, hace falta una política clara por parte del gobierno sobre los alimentos nutricionalmente más convenientes, teniendo en cuenta el ingreso de la familia.

Se encuentran fallas en el cumplimiento de las normas de calidad, etiquetado y propaganda, tanto a nivel de gobierno como a nivel de la Industria de Alimentos.

Se recomienda la realización de una campaña sobre interpretación de etiquetas, utilizando los canales de la Confederación Colombiana de Consumidores. Simultáneamente debe controlarse el contenido de los mensajes publicitarios a través de los medios masivos de comunicación.

Se recomienda informar al consumidor sobre los mecanismos para denunciar los mensajes publicitarios con información nutricional falsa o que induzcan al engaño y abuso del consumidor. Las denuncias deben hacerse a las Ligas de Consumidores.

Se recomienda la promoción de la producción de alto valor nutricional para programas institucionales y al comercio regular, complementando con programas de educación nutricional.

Debe buscarse la coincidencia entre la política de desarrollo agroindustrial del país y la política alimentaria.

Se recomienda que el contenido de educación nutricional para la familia, se enfatice la importancia de incorporar el niño a la dieta familiar, a más tardar al primer año de edad.

IV - PRECIOS AL CONSUMIDOR

Se recomienda evaluar el funcionamiento de las corporaciones de abastos, para lograr una baja en los precios de los alimentos.

Se recomienda educar al consumidor en los siguientes puntos:

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- Selección de puntos de compra en base a precios.
- Consumo de alimentos en cosecha.
- Cómo utilizar mejor el presupuesto familiar, en el rubro compra de alimentos.
- Cómo hacer mezclas de alto valor nutricional en el plato.

Esta campaña tiene como objetivo lograr una mejor nutrición en la familia y los lactantes.

V - CONTROL DE CALIDAD

Es necesario definir el valor nutricional de los alimentos en función de los problemas nutricionales de la población objetivo y los hábitos alimentarios.

Con esta base se puede establecer una política de producción e industrialización de alimentos.

Se recomienda la estructuración de un sistema que permita la asociación de la pequeña y mediana industria para contratar o establecer servicios de control de calidad y asesoría industrial.

VI- LEGISLACION

El decreto 1220 de 1.980 se refiere a alimentos sustitutos y alimentos complementarios. Adicionalmente, los productores de fórmulas infantiles se rigen por el Código de la OMS.

El grupo recomienda evaluar a nivel nacional el cumplimiento del Decreto 1220 en todos sus apartes.

El grupo acordó hacer las siguientes recomendaciones en relación con las Resoluciones 4135 y 2073, las cuales regulan los alimentos complementarios enriquecidos.

- 1.- Sacar fuera de las normas de la Comisión Revisora de Productos Farmacéuticos la Resolución No. 2073, pues los alimentos enriquecidos no son especialidades farmacéuticas.
- 2.- La revisión y modificación de estas resoluciones debe hacerse por medio de una concertación entre el sector gobierno, la industria privada y las asociaciones de profesionales.
- 3.- Revisar y modificar la composición química y los nutrientes que pueden agregarse a los alimentos. Por ejemplo, no se permite agregar vitamina C y Fósforo.
- 4.- La legislación debe ser amplia, discriminando los nutrientes que pueden agregarse a distintos tipos de alimentos.
- 5.- La Legislación debe especificar si los contenidos de nutrientes de los alimentos enriquecidos corresponden al producto crudo o después de su preparación.
- 6.- Debe establecerse normas que rijan el etiquetado e información nutricional de los alimentos enriquecidos.
- 7.- Debe revisarse la norma sobre uso de la vitamina C para restaurar su nivel después del procesamiento industrial de frutas y verduras.

8.- El Departamento Nacional de Planeación debe hacer pública su posición respecto a su tabla de recomendaciones y nutrientes para la población Colombiana.

COORDINADOR DEL GRUPO: Adela Morales de Loos.

RELADORES: Cecilia Helena Montoya.
Camilo Rozo.

Seminar on Infant Feeding Practices in Bogota

Javeriana University, Bogota

General Conclusions

1. Despite the emphasis that has been placed on the promotion of breastfeeding by the Colombia government in the past, actions that support breastfeeding must continue to be reinforced.
2. This study shows that the health sector has an influential role in the mother's choice of infant feeding patterns. Health professionals, however, do not take advantage of their influential position to promote practices aimed at improving the nutritional status of infants.
3. Communities should become active in identifying and resolving problems that affect community members. Health and nutrition planners could use the study as a frame of reference for the development of community-based actions.
4. The study points to the urgent need for nutrition and consumer education in light of the increasing use of processed foods by consumers. Education programs should focus on teaching consumers about nutritional content of foods, food quality and preparation, product price and family budgeting.
5. Action must be taken to ensure that regulations governing quality control, labeling and product promotion are adhered to by manufacturers.
6. The multidisciplinary research approach used in this study has enabled a broad, indepth analysis of the practices and determinants of infant feeding in Bogota. This integrated approach to examining a health issue is recommended for use in other similar survey research projects.
7. Through this research, several areas requiring urgent preventive or remedial action have been identified. It is now the responsibility of government and private agencies to review the study findings and recommendations, and act upon them.

SEMINARIO SOBRE PRACTICAS DE LA ALIMENTACION INFANTIL EN
BOGOTA

CONCLUSIONES GENERALES

- 1.- A pesar del gran énfasis que en Colombia se le ha dado a través del PAN y sus entidades ejecutoras al fomento de la lactancia materna se considera que es importante continuar reforzando acciones que apoyen esta práctica, por los beneficios que conlleva para el fomento y la protección de la salud y nutrición de la población infantil.
- 2.- Este estudio demuestra la importancia del sector salud en la alimentación infantil. Sin embargo los Profesionales y el personal de salud en general, parecen no estar conscientes de la responsabilidad que tienen frente a las madres y la confianza que estas les depositan y, por lo tanto, no están adelantando acciones de salud y nutrición que respondan a sus necesidades y demandas.
- 3.- Se deriva de este estudio la necesidad de que las comunidades, con asesoría, logren identificar sus problemas y los recursos disponibles en su medio para solucionarlos. Por otra parte, el estudio permite que los planificadores y ejecutores de salud y nutrición cuenten con un marco de referencia más amplio y completo para el desarrollo de sus acciones.
- 4.- Ante el inevitable incremento en el consumo de alimentos procesados, incluyendo los alimentos infantiles, el estudio demuestra la urgente necesidad de reorientar la educación nutricional hacia la educación del consumidor, en aspectos tales como: contenido nutricional, calidad, precio y racionalización del presupuesto familiar.
- 5.- El estudio identificó una enorme variedad y cantidad de alimentos que se emplean en la alimentación infantil. Un número significativo de ellos se usan en forma inadecuada, que resulta perjudicial para el estado nutricional de los niños. Además, a pesar de la existencia de abundantes normas de vigilancia y control de alimentos, etiquetas y promociones, muchos productores no se han ceñido a ellas.
- 6.- Este estudio empleó un conjunto de metodologías y disciplinas, que en forma integrada, hicieron posible un diagnóstico amplio y a su vez profundo, de las prácticas y determinantes de la alimentación infantil en Bogotá. Se recomienda su uso para estudios de índole parecida.
- 7.- Este estudio ha permitido establecer en forma precisa el significado de diferentes determinantes en las prácticas de alimentación infantil, lo que conduce a identificar áreas importantes y urgentes de acción preventiva o remedial. Corresponde ahora a los organismos oficiales y privados que tienen la responsabilidad del bienestar de la población infantil, recoger el diagnóstico y las recomendaciones resultantes del estudio y este seminario, adaptarlas e implementarlas.

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PROYECTO SOBRE PRACTICAS DE LA ALIMENTACION INFANTIL
EN BOGOTA.

APPENDIX G

PONTIFICIA UNIVERSIDAD JAVERIANA
FACULTAD DE ESTUDIOS INTERDISCIPLINARIOS
PROGRAMA DE ALIMENTACION Y NUTRICION

INVESTIGADORES BELEN S. DE PAREDES - Nutricionista
ADELA MORALES DE LOOK - Antropóloga
MARIA EUGENIA ROMERO M. - Antropóloga

La Facultad de estudios Interdisciplinarios de la Universidad Javeriana bajo contrato con el Consorcio formado por el Population Council y las Universidades de Columbia y Cornell, adelantó durante 1.981 y 1.982 un estudio acerca de los determinantes de las prácticas de la Alimentación Infantil en Bogotá, este mismo estudio fué adelantado por el Consorcio y otras Instituciones locales en asentamientos de Tailandia, Kenya e Indonesia. El Propósito del estudio fué el de identificar una serie de factores biológicos, económicos y socio - culturales que determinan las prácticas de la alimentación infantil de niños menores de un año. La identificación de dichos factores y el exámen del papel que tienen en la alimentación de los infantes permite establecer la naturaleza y magnitud de los mismos en lo que se refiere a los problemas de nutrición infantil. Se trataba de determinar el significado de cada una de estas variables, las cuales incluyeron aspectos como el papel de los profesionales y no profesionales de la salud, el trabajo de la mujer y las estrategias de mercadeo de los alimentos infantiles.

El estudio incluyó un trabajo de campo etnográfico como base de la labor de indentificación delas prácticas de alimentación infantil y las hipótesis del estudio. A partir de la información cualitativa suministrada por el estudio antropológico se procedió a la elaboración de una encuesta que se aplicó en barrios de estratos medio y bajo de la ciudad de Bogotá.

El estudio incluyó también un análisis acerca de la industria de productos usados en la alimentación infantil, estudio que tuvo en cuenta los antecedentes de la industria en el País, la estructura del mercado y las prácticas de comercialización de dichos alimentos.

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Especial importancia se le dió también a las políticas y acciones del Gobierno con respecto a los programas de salud y nutrición, prácticas que enmarcan las acciones estatales en problemas relacionados con la alimentación infantil.

El estudio se caracteriza por haber desarrollado durante las etapas de diseño y desenvolvimiento una experiencia interdisciplinaria en donde la metodología etnográfica y el análisis del material antropológico de los sectores urbanos de la comunidad escogidos, contribuyeron al diseño de una encuesta. Los resultados de la integración de las distintas partes que conformaron el estudio sirvieron como fuente de información para el análisis de los resultados del estudio, en este sentido el estudio ha sido novedoso en Colombia. El estudio etnográfico se desarrolló en Bogotá en 3 sectores: el Suroriente, el occidente y el nor-occidente de la ciudad. En cada una de estas áreas se llevaron a cabo estudios de comunidad y estudios de caso.

La encuesta que se diseñó a partir del estudio etnográfico se adelantó con la finalidad de cuantificar las observaciones etnográficas, describir en detalle las prácticas actuales de alimentación infantil y generar información acerca de los determinantes de dichas prácticas especialmente en cuanto a influencias de los profesionales y no profesionales de la salud, el trabajo de la mujer, el comportamiento del consumidor y las creencias y actitudes asociadas a la alimentación infantil.

Se escogieron para la encuesta 120 sectores censales de la ciudad correspondientes a 117 barrios, de los estratos medio y bajo de la ciudad. El estudio sobre la industria de los alimentos infantiles incluyó un estudio de minoristas con una encuesta en puntos de venta de la Ciudad los cuales vendían productos dedicados a la alimentación infantil. De allí se identificaron las cadenas de comercialización de los productos y se analizaron aspectos relativos a la publicidad y propaganda entre minoristas y mayoristas.

La integración de las cuatro partes del estudio se orientó hacia la identificación de temas significativos para el diseño y desarrollo de programas y recomendaciones relativos a

los problemas de la alimentación infantil. Esta integración dió como resultado la identificación de los siguientes temas que son materia de trabajos elaborados por los investigadores de la Universidad Javeriana en colaboración con los asesores del Consorcio: 1. Metodología de la investigación del estudio - 2. Prácticas de la Alimentación Infantil en Bogotá. 3. Determinantes de la Alimentación Infantil en Bogotá.

- a. Creencias , actitudes y valores asociados a la alimentación infantil.
- b. El trabajo de la mujer: su relación con la Alimentación infantil.
- c. Relación de los servicios de Salud con la Alimentación infantil
- d. Los alimentos infantiles industrializados en Bogotá.
- e. La legislación relacionada con los alimentos infantiles en Colombia: Teoría y práctica.

El niño menor de edad está expuesto a alto riesgo nutricional por estar en una etapa de crecimiento y desarrollo muy veloz, en el cual deficiencias alimentarias podrían causar daños irreversibles.

El periodo del no destete , desde el momento en que se introducen alimentos distintos a la leche materna, hasta la suspensión de ésta, es particularmente crítico para niños menores de un año.

Si la familia vive en condiciones precarias y tiene pocos ingresos, el riesgo de desnutrición se aumenta. Las condiciones físicas, económicas y socio-culturales de 711 familias de clase media y baja entrevistadas durante el estudio sobre Prácticas y determinantes de la Alimentación Infantil, no son óptimas, especialmente para éstas últimas. Por ejemplo se encontró en familias residentes en barrios clasificados por el DANE como de clase baja gastan hasta un 72% de sus ingresos en alimentación, casi un 40% tiene ingresos inferiores al salario mínimo,

y viven en inquilinatos, 20% no tienen agua, 17% no tienen alcantarillado, poseen algunos electrodomésticos a excepción del radio, cuya posesión es generalizada, las madres de los niños de clase baja han aprobado 5 a 6 años de escuela, 2 años menos que mujeres de clase media, y sus niños pesan 200 gramos menos y miden un centímetro menos uno de cada tres niños tenía diarrea y enfermedades del aparato respiratorio en el momento de la encuesta. Estas mujeres trabajan en su gran mayoría (68%) en el sector informal de la economía, donde no están favorecidas por prestaciones laborales y sociales. Estos ejemplos muestran como, en Bogotá, existen todavía familias que viven en condiciones precarias.

Entre las soluciones se encuentran las madres enfrentadas a esta situación, es diluir las preparaciones lácteas para rendirla y así ahorrar dineros; adicionan (agua de panela, pura o de verduras) a la leche líquida, o reemplazan con harina de plátano, que es mucho más económica y llenadora, ahorrando así leche en polvo.

Otra práctica alimentaria encontrada en este estudio fué la gran cantidad de mezclas usadas en preparar los biberones y las sopas. A los biberones de leche, el 77% de las mujeres agregaban algo más que leche y agua: endulzantes, harinas, cereales, multivitamínicos.

Igual variedad de recetas se encontraron para sopas, las cuales se preparaban una vez al día para toda la familia.

Las mujeres preferían alimentos con líquidos a sus niños, se prefiere licuar y diluir para dar alimentos en biberón. Antes del año de edad, aunque el niño está comiendo muchos de los alimentos de la dieta familiar, lo hace en biberón, y no consume sólidos dados con cuchara.

Tanto en clase media como baja, se acostumbró iniciar alimentos distintos a la leche materna al mes de edad del niño y como es bien sabido, esta práctica desestimula la lactancia materna. Nutricionistas recomiendan una dieta a base de solo leche materna durante los 4 a 6 primeros meses de vida del niño, momento a partir del cual se puede complementar la leche con otros alimentos, preferiblemente con cuchara.

Esto se recomienda por los beneficios nutricionales, inmunológicos, afectivos y económicos de la leche materna, sin embargo; está muy arraigada la costumbre de iniciar demasiado temprano otros alimentos en la dieta con sus consecuencias negativas en la salud y el estado nutricional de los niños.

Como parte del estudio también se examinó el sistema de creencias y actitudes asociadas a la alimentación infantil, un 17% de las madres opinaron que la lactancia materna podría ser un método de control natal.

Por otra parte, un 38.5% de las madres reportaron estar usando algún tipo de anticonceptivos hormonales cuyo uso desestimula la lactancia materna.

La alimentación ideal para los niños es, según las madres, la leche materna; y dieron como razones para la suspensión de esta práctica, de que "se les secó" más que todo por razones de constitución biológica o porque no son buenas "lecheras".

Las madres en Bogotá piensan que la leche que más alimenta a los niños es la leche entera, sin rebajar, la hervida y la que viene en tarro.

El conocimiento del sistema cultural de las creencias es importante como base para el diseño de programas de educación nutricional en donde se identifican áreas alrededor de las cuales las madres organizan sus experiencias relativas a la alimentación infantil.

El estudio examinó la relación de los servicios de salud con la alimentación infantil. Un 68% de las madres no recibieron consejos sobre alimentación durante el embarazo y en un 46.5% requirieron la atención prenatal de los servicios oficiales de salud.

Un 71.5% de los niños nacieron en instituciones oficiales, 23.6% en el I.S.S., lo cual demuestra una amplia cobertura en los servicios de maternidad. Un 76% de los niños duermen con su madre desde el primer día lo cual es una práctica positiva para la lactancia materna. Sin embargo, solamente 26% de las madres recibieron después del parto consejos sobre alimentación infantil.

Debido a las condiciones económicas y a la estructura del empleo, las madres encuestadas en su mayor parte no pueden guardar cuidados después del parto.

El estudio examinó la industria de los alimentos infantiles en Bogotá, la legislación, la oferta, publicidad y propaganda, así como el comportamiento del consumidor e implicaciones de la diferenciación social en el consumo. Los aspectos anteriores, así como una descripción del contexto general de la industria de alimentos infantiles en Bogotá fueron parte del estudio sobre Prácticas y Determinantes de la Alimentación Infantil en Bogotá.

En la realización de esta parte de la investigación diferentes técnicas de recolección de información y de análisis de los datos fueron utilizados: entrevistas con informantes claves, estudios de caso con minoristas, mayoristas e industriales, encuesta a minoristas en los diferentes tipos de puntos de venta y estratos socio-económicos.

Los resultados mostraron que Colombia fué uno de los primeros países en el mundo con legislación referente al control de publicidad y propaganda de alimentos infantiles anterior a la promulgación del Código de la Organización Mundial de la Salud.

Sin embargo, en lo referente a la legislación existente referida a otros aspectos de la industria tales como control de calidad, aspectos de producción etc., a pesar de la abundante legislación que existe hay un gran abismo entre lo que está escrito y reglamentado y lo que sucede en la práctica.

La porción de la investigación dedicada al examen de el comportamiento del consumidor señaló hechos importantes, como el conocimiento amplio por parte de las madres respecto a productos industrializados para la alimentación infantil, y a su vez señaló que el conocimiento de ellos no necesariamente implicaba uso de estos, posiblemente por el alto precio de algunos de ellos para los estratos socio-económicos más bajos.

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7.

Los estudios de casos con minoristas e industriales indicaron la necesidad de establecer serios y operativos mecanismos de control de calidad para algunos productos, y señaló una diferenciación grande entre lo que son industrias nacionales y las trans-nacionales.

El estudio además ofrece una amplia documentación para cada uno de los tipos de puntos de venta y un análisis de la incidencia de la diferenciación social en el consumo, oferta, demanda y precios al consumidor en los distintos estratos socio- económicos de la ciudad de Bogotá.

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Prácticas de alimentación infantil en Bogotá

La Facultad de Estudios Interdisciplinarios de la Universidad Javeriana bajo contrato con el consorcio formado por el Population Council y las Universidades de Columbia y Cornell adelantó durante 1981 y 1982 un estudio acerca de los determinantes de las prácticas de la Alimentación Infantil en Bogotá. Este mismo estudio fue adelantado por el consorcio y otras instituciones locales en asentamientos de Tailandia, Kenya e Indonesia. El propósito del estudio fue: a) Identificar una serie de factores biológicos, económicos y socio-culturales que determinan las prácticas de la alimentación infantil de niños menores de un año. La identificación de dichos factores y el examen del papel que tienen en la alimentación de los infantes permite establecer la naturaleza y magnitud de los mismos, es lo que se refiere a los problemas de nutrición infantil. b) Estaba de determinar el significado de cada una de estas variables, las cuales incluyeron aspectos como el papel de los profesionales y no profesionales de la salud, el trabajo de la mujer y las estrategias de mercado de los alimentos infantiles.

Encuesta especializada

El estudio realizado por Belén de Parades, Adela Morales de León y María Eugenia Romero incluyó un trabajo de campo etnográfico como base de la labor de identificación de las prácticas de alimentación infantil. Las hipótesis del estudio. A partir de la información cualitativa suministrada por el estudio antropológico se procedió a la elaboración de una encuesta especializada que se aplicó en barrios de estratos medio y bajo de la ciudad de Bogotá.

El estudio incluyó también un análisis acerca de la industria de productos usados en la alimentación infantil, estudio que tuvo en cuenta los antecedentes de la industria en el país, la estructura del mercado y el comportamiento de los consumidores de dichos productos. Especial énfasis se le dio también a las políticas y acciones del Gobierno en respectos a los programas de salud y nutrición, prácticas que enmarcan las acciones estatales en problemas relacionados con la alimentación infantil.

120 sectores

Se seleccionaron para la encuesta 120 sectores censales de la ciudad distribuidos a 117 barrios, de los cuales medio y bajo de la ciudad. El

trabajo sobre la industria de los alimentos infantiles incluyó un estudio de especialistas con una muestra en puntos de venta de la ciudad los cuales vendían productos dedicados a la alimentación infantil.

La integración de las cuatro partes del estudio se orientó hacia la identificación de temas significativos para el diseño y desarrollo de programas y recomendaciones relativos a los problemas de la alimentación infantil.

- a. Creencias, actitudes y valores asociados a la alimentación infantil.
- b. El trabajo de la mujer: su relación con la alimentación infantil.
- c. Relación de los servicios de salud con la alimentación infantil.
- d. Los alimentos infantiles industrializados en Bogotá.
- e. La legislación relacionada con los alimentos infantiles en Colombia: teoría y práctica.

El niño está expuesto

El niño menor de edad está expuesto a alto riesgo nutricional por estar en una etapa de crecimiento y desarrollo muy veloz, en el cual deficiencias alimentarias podrían causar daños irreversibles.

El período del nacimiento hasta el momento en que se introducen alimentos distintos a la leche materna, hasta la suspensión de ésta, es particularmente crítico para niños menores de un año.

Si la familia vive en condiciones precarias y tiene pocos ingresos, el riesgo de desnutrición se aumenta. Las condiciones físicas, económicas y socio-culturales de 711 familias de estrato medio y bajo entrevistadas durante el estudio sobre prácticas y determinantes de la alimentación infantil, no son óptimas, especialmente para estas últimas. Por ejemplo, se encontró en familias residentes en barrios clasificados por el DANE como de clase baja (hasta el 75% de sus ingresos por actividades económicas, el 40% de sus ingresos inferiores al salario mínimo) y viven en insalubres; 25% no tienen agua; 17% no tienen alcantarillado; en excepción del radio, cuya posesión es generalizada, las madres de los niños de clase baja han aprobado 5 o 8 años de escuela; 7 años menos que mujeres de clase media; y sus niños pesan 200 gramos menos y miden un centímetro menos; uno de cada tres años tenía diarrea y enfermedades del aparato respiratorio; en el momento de la encuesta. Estas mujeres trabajan en



Con laborero y niño

Las mujeres podrían alimentar a los hijos con leche materna, preparar y diluir para dar alimentos en biberón. Antes del año de edad, cuando el niño está comiendo muchos de los alimentos de la dieta familiar, la leche en biberón, y en algunos casos aducidos con cuchara.

Está muy arraigado el costumbre de iniciar demasiado temprano otros alimentos en la dieta con sus consecuencias negativas en la salud y el estado nutricional de los niños.

Lactancia y control natal

Un 17% de las madres opinaron que la lactancia materna podría ser el período de control natal.

Por otra parte, un 23% de las madres reportaron estar usando el tipo de anticonceptivos hormonales cuyo uso disminuye la lactancia materna.

El estudio examinó la relación de los servicios de salud con la alimentación infantil. Un 68% de las madres recibieron consejos sobre alimentación durante el embarazo y en un 75% requirieron la atención prenatal de los servicios oficiales de salud, y en 71.5% de las niñas nacieron en instituciones oficiales, 23.6% en el

gran número de ellas, el 100% de ellas de la comunidad, donde se están favoreciendo por proporcionar labores y servicios. Entre ejemplos se muestran como, en Bogotá, algunas familias que viven en condiciones precarias.

Actitudes de las madres

Entre las actitudes se encuentran las madres entrevistadas a esta situación, en diluir las preparaciones hechas para rinditas y así ahorrar dinero; adician agua de pozo, para de verduzas a la leche líquida, o reemplazan con leche de platano, que es mucho más espesa que la leche materna.

Otra práctica alimentaria observada en este estudio fue la gran cantidad de mezclas usadas en preparar los biberones y las sopas. A los biberones de leche, el 77% de las mujeres agregaban algo tipo que leche y agua endulzantes, harinas, cereales, multivitamínicos.

Igual variedad de recetas se le contraron para sopas, las cuales se preparaban una vez al día para toda la familia.

El estudio demostró una amplia cobertura en los servicios de maternidad. Un 70% de los niños nacieron con su madre desde el primer día lo cual es una práctica positiva para la lactancia materna. Sin embargo, solamente 26% de las madres recibieron después del parto consejos sobre alimentación infantil.

Conclusiones generales

Al terminar el estudio las investigadoras Belén de Parades, Adela Morales de León y María Eugenia Romero, organizaron un seminario en el que intervinieron antropólogos, nutricionistas, representantes del Instituto Colombiano de Bienestar Familiar y de Planeación, del Servicio de Salud de Bogotá, de las distritales, autoridades y productores de alimentos, quienes hicieron un análisis de la forma como se había realizado el estudio y sacaron las siguientes conclusiones:

1. A pesar del gran énfasis que en Colombia se le ha dado a través del PAN y sus entidades ejecutoras al fomento de la lactancia materna, se considera que es importante continuar reforzando acciones que apoyen esta práctica, por instituciones que cuiden para el fomento y la protección de la salud y nutrición de la población infantil.

2. Esto mismo demuestra la importancia del sector salud en la alimentación infantil. Sin embargo los profesionales y el personal de salud en general, parecen no estar conscientes de la responsabilidad que tienen frente a las madres y la confianza que estas les depositan y, por lo tanto, no están adelantando acciones de salud y nutrición que respondan a sus necesidades y demandas.

3. Es derivado de este estudio la necesidad de que las comunidades, con asesoría, logren identificar sus problemas y los recursos disponibles en su medio para solucionarlos. Por otra parte, el estudio permitió que las planificadoras y ejecutoras de salud y nutrición cuenten con un marco de referencia más amplio y completo para el desarrollo de sus acciones.

4. Ante el inevitable incremento en el consumo de alimentos procesados, incluyendo los aditivos industriales, el estudio demuestra la urgente necesidad de reforzar la educación nutricional hacia la asociación del consumidor en aspectos tales como: contenido nutricional, calidad, precio y racionalización del presupuesto familiar.

5. El estudio identificó una enorme variedad y calidad de alimentos que se emplean en la alimentación infantil. Un número importante de ellos se usan en forma inadecuada que resulta perjudicial para el estado nutricional de los niños. Además a pesar de la existencia de abundantes normas de vigilancia y control de alimentos, etiquetas y promociones, muchos productores no se han cuidado de ellas.

Debe ponerse más cuidado a la alimentación infantil

BOGOTÁ (COLPRENSA). Entre el 21 y el 24 de marzo se efectuó en Bogotá un seminario sobre la alimentación infantil, con la presencia de funcionarios del gobierno, delegados de las industrias productoras de alimentos para niños, expertos en nutrición de la Universidad Javeriana, antropólogos y numerosos interesados en el tema. Era algo que estaba planeado desde hace más de un año y cuyos resultados irán a dar un consorcio internacional, si es que el actual gobierno no decide tomar cartas en el asunto y desarrollar programas de trabajo con base en las recomendaciones que se le hacen. El asunto, pues, es novedoso, de gran interés para el país y en particular para las madres, en quienes recae directamente la responsabilidad de alimentar a sus hijos.

La historia es un poco larga. Todo comenzó en 1961, cuando un consorcio formado por dos universidades norteamericanas hizo un contrato con la Universidad Javeriana para adelantar un estudio sobre las prácticas de la alimentación infantil en Bogotá. Sin embargo, eso mismo que se hacía en Colombia era hecho en otras zonas del Tercer Mundo como Tailandia, Kenia e Indonesia.

El propósito del estudio se fijó desde entonces: "Identificar una serie de factores biológicos, económicos y socio-culturales que determinan las prácticas de la alimentación infantil de niños menores de un año".

Es decir, en las capitales de cuatro países subdesarrollados se trataba de analizar el problema de la nutrición infantil, el papel que juegan los profesionales y no profesionales de la salud, el aspecto laboral de la mujer y todo cuanto tiene que ver con la calidad, la producción, la propaganda y el comercio de los alimentos para niños.

ALGUNOS PROBLEMAS CONCRETOS

Dos antropólogos, Adela Morales de Look y María Eugenia Romero, y una nutricionista, Belén Samper de Paredes, se encargaron de coordinar el trabajo, tomando como centro de operaciones la facultad de Estudios

Interdisciplinarios de la Javeriana, que es donde labora.

Escogieron tres metodologías: la antropología nutricional, la encuesta puerta a puerta y un estudio sobre la industria de alimentos infantiles en la capital, tanto en materia de legislación como en la práctica. Los sorprendentes resultados no tardarían en llegar.

La encuesta se desarrolló en varios sectores: el suroriente, el occidente y el noroccidente, incluidos 117 barrios de los estratos medio y bajo de la ciudad.

Según ese sondeo, en familias que viven en condiciones precarias y con pocos ingresos el riesgo de desnutrición de los niños aumenta. Además, se demostró que un 68 por ciento de las madres no recibió consejos sobre la alimentación durante el embarazo y que si bien los servicios de maternidad que brinda el Estado son de amplia cobertura social, la atención médica no es la mejor.

En lo que más se insiste, sin embargo, es en la acentuada costumbre de eliminar desde muy temprano la lactancia materna, aun desde el primer mes de edad del niño, práctica que no sólo desestimula la lactancia sino que también produce consecuencias nutricionales que pueden ser irreparables, por lo mismo que el primer año de vida es prácticamente crítico y decisivo.

"Los nutricionistas recomiendan un dieta a base sólo de leche materna durante los 4 a 6 primeros meses de vida del niño, momento a partir del cual se puede complementar el leche con otros alimentos, preferiblemente con cuchara", señala el estudio.

Más aún, los elevados costos de la leche industrial hacen que se recurra comúnmente a las mezclas con el fin de que rindan los productos lácteos y ahorrar en consecuencia dinero.

"Las mezclas no son malas por sí mismo —explicó a Colprensa la doctora Adela Morales—. Lo malo es que la cantidad de leche empleada es mínima y de ahí que el contenido nutricional sea muy reducido, aunque al niño se le calme el hambre".

De otro lado, "un 38.3 por ciento de

las madres reportaron estar usando algún tipo de anticonceptivos hormonales, cuyo uso desestimula la lactancia materna", en lo que tienen algo de culpa —se explicó— varias médicas que recomiendan el uso de tales anticonceptivos sin considerar esas consecuencias.

El recurrir a farmacéuticos, yerberos, curanderos, etc., es una práctica también muy extendida y que produce a su vez resultados funestos, sobre todo cuando los niños si padecen de problemas graves de salud (gástricos, por lo general) que precisan de inmediato atención médica.

El sondeo reveló igualmente que las madres no pueden guardar cuidados después del parto por razones económicas, para vincularse de nuevo al trabajo.

En cuanto a la industria de alimentos infantiles, el estudio advierte que "a pesar de la abundante legislación que existe, hay un gran abismo entre lo que está escrito y reglamentado y lo que sucede en la práctica".

CONCLUSIONES Y RECOMENDACIONES

Los autores de la investigación, los asistentes al seminario y Giorgio Solimano, de la Universidad de Columbia, coincidieron en plantear que los resultados del estudio son de mucha utilidad siempre y cuando sean puestos en práctica, tal como el propio informe de conclusiones lo recomienda.

Es importante continuar reforzando el fomento de la lactancia materna, adelantar acciones de salud y nutrición que respondan a las necesidades y demás demandas, reorientar la educación nutricional hacia el consumidor, identificar "una enorme variedad y cantidad de alimentos que se emplean en la alimentación infantil", son algunas de esas conclusiones.

"Corresponde ahora —sostiene finalmente el informe— a los organismos oficiales y privados que tienen la responsabilidad del bienestar de la población infantil, recoger el diagnóstico y las recomendaciones resultantes del estudio adaptadas e implementadas".

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Los errores de la alimentación infantil en Colombia

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El propósito del estudio no fue desde entonces: "Identificar una serie de factores biológicos, económicos y socio-culturales que determinan las prácticas de la alimentación infantil de niños menores de un año".

En los países de su desarrollo, se trata de analizar el problema de la nutrición infantil, el papel que juegan los profesionales y no profesionales de salud, el aspecto laboral de la madre y todo cuanto tiene que ver con la salud, la producción, la propaganda y el comercio de los alimentos infantiles.

ALGUNOS PROBLEMAS CONCRETOS

Los antropólogos, Adela Morales de Looz y María Enada Romero, y una nutricionista, Rita Zamper de Paredes, se encargaron de coordinar el trabajo, te-

niendo como campo de operaciones la localidad de Estudios Interdisciplinarios de la Javeriana, que es donde labora.

Existieron tres metodologías: La antropología nutricional, la encuesta puerta a puerta y un estudio sobre la industria de alimentos infantiles en la capital, tanto en materia de legislación como en la práctica. Los sorprendentes resultados se detallarán en lugar.

La encuesta se desarrolló en varias zonas: El suroriente, el occidente y el noroccidente, incluidos 117 barrios de las distintas medallas y bojes de la ciudad.

Según ese orden, en familias que viven en condiciones precarias y con pocos ingresos el riesgo de desnutrición de los niños aumenta. Además, se demostró que un 65 por ciento de las madres no recibió consejos sobre la alimentación.

Durante el embarazo y que si bien los servicios de maternidad que brinda el Estado son de amplia cobertura social, la atención médica no es la mejor.

En lo que más se insiste, sin embargo, es la costumbre de comenzar desde muy temprano la lactancia materna, aún desde el primer mes de edad del niño, práctica que no sólo desestimula la lactancia sino que también produce consecuencias nutricionales que pueden ser irreparables, por lo mismo que el primer año de vida es prácticamente crítico y decisivo.

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De otro lado, "un 26.5 por ciento de las madres reportaron estar usando algún tipo de anticonceptivos hormonales, cuyo uso desestimula la lactancia materna", en lo que tienen algo de culpa -se explicó- varios médicos que recomendaron el uso de los anticonceptivos sin considerar esas consecuencias.

Al respecto a farmacias, veterinarios, supermercados, etc. se una práctica también muy extendida y que produce a su vez resultados funestos, sobre todo cuando los niños sufren de problemas graves de salud (gástricos, por lo general) que precisan de inmediata atención médica.

El estudio reveló igualmente que las madres no pueden guardar cuidados después del parto por razones económicas, para vincularse de nuevo al trabajo.

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Un reciente Seminario sobre alimentación infantil, realizado en Bogotá, analizó en base a estudios realizados durante dos años, los principales problemas nutricionales de la población infantil colombiana. Una de las

principales conclusiones fue la de que los niños no alcanzan un buen desarrollo debido a la mala alimentación en sus primeros meses de vida.

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¿COMO SE ALIMENTAN

¿Qué impacto sobre la nutrición del bebé pueden tener los descansos de media hora para lactancia previstos por el código laboral, si en la práctica no existen salas cunas en los sitios de trabajo? ¿Qué influencia tienen los curanderos, yerbateros y teguas en la alimentación infantil? ¿No resulta paradójico que las madres cuyos partos fueron atendidos en la casa o por una partera analfabeta, brinden lactancia durante más tiempo a sus bebés que las atendidas en modernos hospitales? ¿Qué papel desempeñan los servicios de salud en la alimentación infantil? ¿Cómo está organizado el mercado de alimentos infantiles en Colombia? ¿Cómo es posible que un producto señale en el envase que "si su niño no camina", lo hará con ese alimento o que productos del Plan Nacional de Alimentación y Nutrición (PAN) contraríen disposiciones legales?

Estas y otras inquietudes fueron planteadas durante un interesante seminario realizado en la Universidad Javeriana. Se trataba de dar a conocer los resultados de un estudio elaborado en Colombia durante tres años por un "consorcio" integrado por la facultad de estudios interdisciplinarios de la citada universidad y las universidades estadounidenses de Cornell y Columbia.

Bogotá y tres otras ciudades en el mundo (Bangok en Tailandia, Semarang en Indonesia y Nairobi en Kenia) fueron escogidas para el estudio sobre prácticas de alimentación infantil de niños de 0 a 18 meses (12 meses en Colombia). La utilidad evidente del trabajo radica en el análisis de los factores sociales (como creencias y valores), económicos (como el mercado de alimentos infantiles), laborales (condiciones reales del trabajo de la mujer) que influyen en las prácticas de alimentación infantil, con el fin de formular recomendaciones a los orientadores de las políticas de salud y nutrición.

En Colombia, los analistas se han limitado más que todo a concluir sobre las cifras alarmantes de desnutrición infantil y los responsables insisten en campañas de promoción de lactancia materna, sin adentrarse en las circunstancias reales en que esta se produce y

que pueden anular esos esfuerzos.

¿De qué sirve, por ejemplo, pregonar las bondades de la lactancia si en los servicios de salud se desestimula al separar al niño de su madre poco después del parto? Resulta por lo demás muy inquietante observar cómo, según cifras del estudio, sólo el 2% de las madres encuestadas identificó la acción de mamar como teniendo una relación directa con la producción de leche, cuando bien es sabido que la succión es el estimulante decisivo para que la madre continúe teniendo leche. En cambio, un 51.4% se limitó a señalar

que "se le secó" como razón principal para no estar alimentando al niño en el momento de la encuesta.

Uno de los elementos novedosos del estudio fue la integración del equipo pluridisciplinario con antropólogos, lo que permitió desmenuzar el aspecto cultural y etnográfico. En la elaboración de los cuestionarios, se contó con la asesoría de una epidemióloga, un médico salubrista y un experto en mercadeo. Ya en lo que en el argot profesional se llama "trabajo de campo", se entrevistaron 711 mujeres del estrato medio y bajo de Bogotá con hijos



"Los Casps lejos del sitio de trabajo impiden la continuación de la lactancia", recalca Belén de Pareces quien se pregunta si la legislación anterior al obligar al patrono a establecer salas cunas cuando tuviera más de 50 empleadas, no era más práctica. "En todo caso —insiste— se debería pensar en la organización de bancos de leches que permitan prolongar el suministro de leche humana al niño, porque sus beneficios son incomparables"



La antropóloga Adela Morales de encargó sobre todo de estudio del de alimentos infantiles. Es necesario la calidad de los productos más que son los que pueden comprar los de escasos recursos. Hay que tener ta que en los estratos bajos, enc que el 72% del ingreso familiar se en la alimentación, pero que esta no es cho menos, la de optimo valor nu

LOS BEBES?

menores de un año y en el aspecto del mercado de alimentos infantiles, se visitaron 141 puntos de venta (tiendas, tiendas PAN, droguerías, supermercados y cajas).

ESTADO NUTRICIONAL

La nutricionista Belén de Paredes y las antropólogas María Eugenia Romero y Adela Morales de Look, responsables del estudio en Colombia, resaltan un aspecto inquietante: "Aunque en los cuatro primeros meses de vida no se presentaron estados de des-

nutrición global, a partir del cuarto mes y hasta el onceavo se observó un inquietante deterioro, sobre todo en el estrato bajo".

Señalan también como preocupante el resultado de una duración mediana de la lactancia de dos meses, cuando en una encuesta similar, realizada en 1977 en áreas marginales de Bogotá, se encontró una duración mediana de lactancia de 3.1 meses. Al mes del parto, el 29% de las madres había abandonado la lactancia; a los dos meses, el 59%, a los cuatro meses, el 84% y a los 7 meses, el 97%.

Un estudio elaborado por dos universidades norteamericanas y una colombiana y financiado por el Consejo de Población, quiso saber más sobre las prácticas de nutrición de los menores de un año

¿Qué factores conspiran contra lactancia? Resulta significativo cómo sólo el 17.5% de las madres creía que la lactancia era un método de control de la natalidad, como ha sido comprobado. Al mismo tiempo, las investigadoras insisten en una evidente contradicción entre la defensa de la lactancia materna por las autoridades de salud pública, y la utilización de métodos hormonales de control de la natalidad, que van secando la leche (como de ello eran conscientes las madres) pero que siguen recomendando las instituciones de salud.

Belén de Paredes, Adela de Look y María Eugenia Romero encuentran también "muy arraigado entre las madres el hábito de iniciar desde el primer mes la introducción de alimentos complementarios a la leche materna, contraviniéndose en la práctica las recomendaciones (apoyadas en plena evidencia científica) hechas por el PAN en el sentido de iniciar la mezcla sólo a partir del cuarto mes". Las investigadoras detectaron nada menos que 174 formas diferentes de elaborar biberones, pero no todas, por desgracia, con los requisitos nutricionales mínimos, por falta, sobre todo, de los recursos económicos, puesto que las madres tienen por lo general una concepción correcta de cuáles son los alimentos óptimos para los niños.

CREENCIAS Y VALORES

"Mi mamá me dio después del primer embarazo raspadura de casco de yegua negra... el efecto (de control natal) me duró tres años", dice una de las afortunadas entrevistadas. Otra, en cambio, explica: "Yo enterré la placenta salada con un kilo de sal, envuelta en un periódico, en el patio, para no quedar embarazada, pero no me resultó". Todas estas creencias sobre el control natal, la lactancia, la dieta para después del parto, los alimentos fríos (que caen mal y producen vómito y diarreas) y los calientes, que no se identifican solamente por la temperatura sino por lo "pesados" que le caen al niño, constituyen también un acervo cultural que poco ha sido estudiado desde el punto de vista nutricional en



"El enfoque respecto de la nutrición infantil no puede ser solamente biológico sino que debe tener en cuenta el contexto social y económico", expresó el médico chileno Giorgio Sollima, uno de los responsables del proyecto a nivel mundial, quien viajó a Colombia para asistir al seminario.

lo cual, a decir verdad, el estudio también se queda corto. De allí la importancia de continuarlo, señalando cuáles de estos factores culturales tienen, desde el punto de vista médico, un valor positivo y deban por lo mismo, ser reforzados. Dentro de este mismo contexto debería analizarse la utilización de las hierbas, poco empleadas por las madres encuestadas, según las investigadoras porque "las madres son relativamente jóvenes y no han recibido en ese aspecto instrucciones de sus madres".

OPORTUNIDADES DESPERDICADAS

Un tercer enfoque del estudio fue el de la influencia de los servicios de salud sobre las prácticas de alimentación infantil. Sea dicho de paso, las investigadoras encontraron que los curanderos, los teguas, los falsos homeópatas y las parteras ejercen una influencia considerable sobre la alimentación infantil "y son consultados continuamente por razones de salud de los niños". Pero ya tratándose de los servicios de salud, observan en primer lugar cómo las madres asistieron tardíamente al control pre-natal (del quinto al séptimo mes) y cómo allí no reciben consejos sobre alimentación infantil, lo que constituye una oportunidad lamentablemente desperdiciada: del 79.5% de madres del estrato bajo que asistió al control pre-natal, sólo 23.6% recibió este tipo de consejos. Y en la atención del parto, sólo el 24.3% de las madres del estrato bajo había recibido consejos sobre alimentación infantil y 28% de las del estrato medio. En la mayoría de los casos, las recomendaciones se limitaban al uso de ciertas leches, a suministrar agua con azúcar, pero no tenían relación con la decisiva actividad de preparación higiénica de alimentos o el tiempo óptimo de duración de la lactancia. Hay que repetirlo: la ausencia de este tipo de recomendaciones es un vacío grave que las autoridades de salud deberían comprometerse a llenar. Por lo demás y como se dijo al comienzo, las encuestas llevaron a otra conclusión sorprendente: la lactancia es mayor en las madres que tuvieron el parto en casa o fueron atendidas por una partera y no por las instituciones de salud.

ALIMENTOS INFANTILES

Las dos antropólogas y la nutricionista también elaboraron un cuidadoso estudio del mercado de alimentos infantiles. Dos empresas multinacionales producen la leche en polvo tipo fórmula

para niños que se consume en el país y una de ellas "acapara" la producción de cereales. De la producción de harinas y féculas (más baratas y de uso más popular) se encargan empresas nacionales, por lo general pequeñas y medianas. Las multinacionales observan las disposiciones de control de calidad y de uso de etiquetas, propaganda y promoción. En las nacionales, en cambio, "el control de calidad interno, cuando existe, es deficiente" por lo cual se recomienda una mayor acción de las autoridades en ese sector.

En cuanto a las compotas, son producidas por tres compañías, dos de ellas multinacionales y las sopas infantiles se han retirado actualmente del mercado.

Para las investigadoras, "la produc-

ción de alimentos infantiles, casi totalmente en manos de empresas multinacionales, pone al país en una situación de dependencia, cuyas implicaciones sociales, económicas y políticas requieren un análisis de fondo". Pero, como ya se anotó, no se mostraron menos preocupadas por la calidad deficiente de los productos nacionales.

Y en este campo señalaron una absurda anomalía: en los puntos de venta de los barrios más pobres no encontraron productos del PAN (Programa de alimentación subsidiada). Como la encuesta versó también sobre precios, encontraron grandes diferencias según el lugar de venta del producto: para citar un ejemplo, el precio de un tarro de Nestógeno 1 variaba de \$129.35 a \$249.70. □

"MEMORIAL" DE RECOMENDACIONES

Con base en las conclusiones de las investigadoras y teniendo en cuenta las observaciones de los asistentes (entre los cuales se contó a varios funcionarios del Ministerio de Salud, del ICBF y del PAN), el resultado final del seminario sobre prácticas de alimentación infantil fue la elaboración de un "memorial" de recomendaciones, algunas de las cuales vale la pena recalcar:

1 Es necesario que las autoridades de salud unifiquen los criterios de los servicios de salud, que hoy en día difieren en aspectos tan fundamentales como el tratamiento de diarreas, la época en que se debe iniciar el suministro de alimentos complementarios al niño, el sistema para medir la tasa de mortalidad de la población infantil, la valoración del estado nutricional (lo que dificulta comparaciones con otros países) y aun la aplicación de vacunas.

2 Hay que evitar que los funcionarios de salud se conviertan en "desbalanceadores ecológicos", para utilizar la expresión de uno de los asistentes, funcionario del ICBF. Debe estimularse en vez de ignorarse la "sabiduría popular" cuando produzca un impacto positivo en los hábitos alimenticios, lo que hoy no se tiene en cuenta.

3 Insistieron las investigadoras en la realización de campañas educativas dirigidas al consumidor para demostrar los problemas que trae el uso indiscriminado de alimentos infantiles

y de contrabando, y en la necesidad de mejorar el control de la calidad de los productos de alimentación infantil, sobre todo los más baratos. "La Confederación de Consumidores debería hacer una campaña sobre interpretación de etiquetas" —recalcó Adela de Look. "A pesar de que existen muchas normas de vigilancia y control de alimentos, etiquetas y promociones y aunque Colombia sea en ese aspecto un país líder, muchos productores no se han ceñido a ellas, sobre todo los pequeños y medianos".

4 También señalaron las evidentes contradicciones que existen entre los propósitos de fomentar la lactancia el mayor tiempo posible y los que contravienen ese objetivo, aplicados por las mismas autoridades, como el suministro de píldoras anticonceptivas que secan la leche materna.

5 En el aspecto laboral recalcaron cómo, en la práctica, muchas disposiciones del código favorables a las madres no se aplican, por trabajar ellas en el sector informal de la economía.

6 En términos generales, Belén de Paredes, María Eugenia Romero y Adela de Look solicitaron una mayor comunicación entre los funcionarios técnicos de la salud y los "decisorios" (que poco asistieron al evento) con el fin de que lo recomendado por los primeros y por sus colegas del sector privado no se llene de polvo en los anaqueles del olvido.

Cosas que pasan

Todo por los niños

Aunque está completamente establecido que el mejor alimento para el recién nacido es la leche materna, y aunque no se necesita demostrar que es el alimento más barato, más higiénicamente conservado y más nutritivo, lo cierto es que el período de lactancia de las mujeres colombianas de bajos ingresos no alcanza a durar los 6 ó 7 meses que requiere el bebé para desarrollarse sano y fuerte. Y, cada vez más pronto, se somete a los niños a leches enlatadas, que resultan muy costosas para los sectores primarios de la población, o a la leche en bolsa que, como se ha demostrado hasta el cansancio, la venden generalmente aguada y siempre contaminada con toda clase de bacterias.

Con el propósito de determinar mejor las causas de la desnutrición infantil, y el porqué del corto período de lactancia en las mujeres de los sectores populares, dos antropólogas, Adela Morales de Look y María Eugenia Romero, y la nutricionista Belén Samper de Parades, adelantaron una investigación en la Facultad de Estudios Interdisciplinarios de la Javeriana, junto con el consorcio formado por el Population Council y las universidades de Columbia y Cornell. Y, estudio en mano, procedieron a convocar a un seminario que empieza hoy en la Javeriana, para que todas las entidades que de una u otra manera tienen que ver con la nutrición infantil, conozcan los resultados de la investigación y, cada cual en sus predios, tome las medidas del caso para corregir las fallas o emprender las tareas que hacen falta.

Es la primera vez que un estudio de nutrición se hace en combinación con antropología. De ahí que hayan llegado a conclusiones inesperadas.

Por ejemplo, que el trabajo no es la causa de que la madre deje de producir leche a los pocos meses del alumbramiento—lo mismo ocurre en las mujeres que no trabajan—. Que las costumbres, las creencias, los recursos económicos, la propaganda, son factores que inciden en las prácticas alimentarias de la población infantil. Que el control de calidad de los alimentos que vienen en lata o en frasco, prácticamente no existe. Que aunque todas las madres saben perfectamente de qué manera deben alimentar mejor a sus hijos, no pueden hacerlo por falta de recursos.

De ahí que uno de los problemas más comunes es el de la dilución. Teniendo en cuenta que un tarro de leche en polvo cuesta casi lo mismo que un salario mínimo, la madre hace lo posible porque el tarro le rinda; y lo hace rendir diluyendo menos cantidad de leche en más cantidad de agua. En esa forma el niño se llena pero no se alimenta.

Profesionales de la salud, nutricionistas, ligas de consumidores, fabricantes de alimentos para niños, están invitados a participar en el seminario, porque a la desnutrición infantil hay que ponerle remedio, pero conociendo exactamente las causas.

Y las jóvenes doctoras, quienes secundadas por conocidos e importantes profesionales darán cuenta y razón de la investigación que adelantaron, confían en que su estudio no pase colmado de honores a los archivos, como han pasado tantos. Aspiran a que su trabajo, realizado a lo largo de dos años investigando 710 hogares en donde había niños de uno a 7 meses, se discuta y se aproveche, en Colombia, como seguramente se aprovecharán estudios similares adelantados simultáneamente en Kenia, Tailandia e Indonesia.

Lucy Nieto de Samper

PONTIFICIA UNIVERSIDAD JAVERIANA

LISTA DE PARTICIPANTES EN EL SEMINARIO SOBRE PRACTICAS Y DETERMINANTES DE LA ALIMENTACION INFANTIL EN BOGOTA, REALIZADO DEL 21 AL 24 DE MARZO DE 1.983

Carmenza Zuluaga V.
PROGRAMA DRI - Pan - Dirección Nal. de Planeación
Profesional Universitario
Av. 10 # 27 - 27 Piso 11
Tel: 2828313

Constanza Helena Guzmán
INSTITUTO DE INVESTIGACIONES TECNOLOGICAS
Economista
Av. 30 # 52 A - 77
Tel: 250066

Yolanda Mora de Jaramillo
INSTITUTO COLOMBIANO DE ANTROPOLOGIA
Investigadora
Cra 19 # 86 A - 48
Tel: 2365908

Cecilia Helena Montoya Montoya
MINISTERIO DE SALUD
Calle 16 No. 7 - 39 Of. 602
Tel: 2824391

Santiago Tobón
GRUPO ANDINO
(Junta del Acuerdo de Cartagena)
Asesor
Transversal 5 # 88 - 25 (101)
Tel: 2570251

Edith Rodríguez Acosta
SECRETARIA DE INTEGRACION POPULAR DE LA PRESIDENCIA
DE LA REPUBLICA
Asesor Técnico
Cra 36 A No. 25 - 19
Tel: 2697513

2.

Cecilia Gregóry F.
UNIVERSIDAD NACIONAL
Estudiante Antropología
Cra 23 # 41 - 37 Apto. 301
Tel: 2445446

Doris Lewin
INSTITUTO COLOMBIANO DE BIENESTAR FAMILIAR
Profesional Universitario
Cra 2 No. 70 - 38 Ap. 102
Tel: 2491752

Gustavo H. Flecha R.
INSTITUTO DE INVESTIGACIONES TECNOLOGICAS
Subdirector de Consultoría
Av. 30 # 52 A - 77
Tel: 2350066

Margarita Villate de García
DEPARTAMENTO NACIONAL DE PLANEACION
Profesional Especializado
Calle 26 # 13 - 19 Piso 10
Tel: 2824055

Guillermo Lesmes A.
UNIVERSIDAD JAVERIANA
Director Departamento de Pediatría
Carrera 7 # 40 - 62
Tel: 2451508

Marvin Cernik
AID
Jefe de la Oficina de Población
Embajada Americana
Tel: 2351945

Irma Escobar Martínez
UNIVERSIDAD JAVERIANA
Universidad Abierta
Nutricionista
Calle 10 sur # 12 - 10
Tel: 2335268

ABSALOM MACHADO CARTAGENA
Asociación Nacional de Industriales " ANDI "
Subgerente Económico
Cra 13 No. 26 - 45 Piso 6
Tel: 2810600

Elsa Guzmán de Aristizábal
ASOCIACION NUTRICIONISTAS JAVERIANOS,
Presidente
Calle 57 C No. 47 - 54 Apto. 301
Tel: 2505157

ISABEL PERILLA DE GARCIA
Universidad Pedagógica Nal.
Cátedra Salud y Nutrición del Niño
Calle 1313 # 35 - 35
Tel: 2586979

Yolanda Puyana V.
DEPARTAMENTO NAL. DE PLANEACION
Profesional Especializado
Calle 26 No. 13 - 19 Piso 10

ESTELIA CORREA LOZANO
Instituto Colombiano de Normas Técnicas
Coordinador Subdirección de Normalización
Sector de Productos Alimenticios
Carrera 37 # 52 - 95
Tel: 2557055

Camilo Rozo
PRODUCTOS ROCHE S.A.
Jefe Departamento Nutrición Humana
Carrera 44 # 17 - 21
Tel: 2690168

AURA GARCIA ULLOA
Universidad Nal. de Colombia
Facultad de Medicina
Profesora Asociada
Carrera 15 # 145 - 56
Tel: 441427.

5.

Angola Andrade P.
Calle 97 # 22 - 42
Tel: 2572786

Miryam Leonor Díaz de Ortega
SERVICIO DE SALUD DE BOGOTA
Jefe Grupo Nutrición
Avda. Caracas # 53 - 80
Tel: 2116136

Alberto Marin Cuesta
INSTITUTO COLOMBIANO DE BIENESTAR FAMILIAR
Jefe División de Investigaciones
Avenida 68 Calle 64 Frente al Salitre
Tel: 2044084

Patricia Avila de Hails
UNIVERSIDAD JAVERIANA
Asesora Educación Nutricional
Universidad Abierta
Carrera 8 B No. 111 - 35
Tel: 2329130

Consuelo Uribe Mallarino
Directora (E) Programa de Alimentación y Nutrición P.E.I.
UNIVERSIDAD JAVERIANA
Carrera 10 No. 65 - 48 Of. 409
Tel: 2117985

Gloria García Londoño
Carrera de Nutrición Universidad Javeriana
Directora Carrera de Nutrición
Universidad Javeriana
Carrera 7 calle 40
Tel: 2459526

y o l... *Appendix I*
Bogotá, April 20, 1983

Dear Joanne:

The very short time you spent here was very enjoyable, and your help was top rate. Thank you very much. Enclosed is "the" official progress report, which I am sending directly to you, instead of María Eugenia Querubin, but it is official. Additional copies, with results, have been forwarded to Mr. Alexander. Also, María Eugenia ^{Pomero} sends a list of people invited to the Seminar, a list of participants and conclusions. As we suspected, the "after-effects" of the Seminar have been rewarding. For the files, I send copies of newspaper articles which came out in the following newspapers:

El Tiempo, Bogotá and national
El Espectador, Bogotá and national
El Colombiano, Medellín
La Patria, Cali

Also, along with the earthquake news, and Lady Di, an article was published about the seminar. The magazine is second in circulation, similar to Time, but much less profound. (We claim the edition sold out because of our charming photos, of course.)

We have accepted invitations to three radio talk programs:

Hola Buenos Días, Radio Caracol
El Rotativo, Radio Sutatenza
Todas, en Todo, Radio Todelar

And, María Eugenia was invited to the Perú Mujer seminar on "Lactancia Moderna", sponsored by UNICEF. Remember the visitor from Perú? Well, she came through. The Seminar is this week. We have also been invited to present a 10 minute paper at FAO's "Consulta de Expertos sobre la Urbanización Intensiva y sus Repercusiones Alimentarias y Nutricionales en América Latina", to be held in Bogotá May 9-13. Also in May, a presentation for the National Planning Department, and National Nutrition Plan people who didn't go (at our request). Finally, the Association of Nutritionists is planning an all day presentation at the end of May. As soon as a finished version is ready, we will distribute it to the Ministries and Presidency.

Excuse this brief, badly typed note, but it goes with many thanks to you. Come back soon.

Many regards,

Belén Toledo
Belén

P.S. When all expenses are in, will send another financial report.

3.

Doris Amanda Espitia
MINISTERIO DE EDUCACION NACIONAL
División Educación No Formal
Programación Educación No - Formal -
Carrera 7 No. 166 - 51
Tel: 26711883

Marcia Townsend
THE POPULATION COUNCIL
Representante Legal
Cra 6 # 76 - 32
Tel: 2115828

Doris Amanda Espitia
DIRECCION GENERAL DE CAPACITACION
División de Currúlo No formal
Proyecto PAN
COLCIENCIAS
Carrera 7 # 166 - 51
Tel: 26711883

MARIA DEL SOCORRO DE MENDEZ
Servicio de Salud de Bogotá
Jefe Sección Organización y Participación de la Comunidad
Avda Caracas # 53 - 80 Piso 1
Tel: 2554395

Susana Barrera de Martínez
DIRECCION GENERAL DE CAPACITACION
División de Currículo no Formal
Proyecto P.A.N. COLCIENCIAS
Experto en Comunidad
Carrera 7 No. 166 - 51
Tel: 6711883

Adalberto Gallardo Archibald
SERVICIO SECCIONAL DE SALUD
Médico
Cra 5 # 15 - 80 Piso 13
Tel: 2844904

TRIP REPORT--INDONESIA
October 7 - October 21, 1982
INFANT FEEDING STUDY

Robert A. Smith
Department of Sociology
S.U.N.Y. at Stony Brook
Stony Brook, N.Y. 11794

SCHEDULE

Thursday, October 7
Evening Arrive Jakarta, meeting with Dr. Solimano.

Friday, October 8
AM Meeting with Ms Molly Mayo Gingerich, USAID, to discuss plans for technical visit to Semarang.

PM Depart for Semarang.

Saturday, October 9
AM Meeting with Prof. Moeljono and Dr. Fatimah to discuss plans for the next week.

PM Afternoon spent with Dr. Solimano discussing agenda for the upcoming week.

Sunday, October 10 Free day.

Monday, October 11
AM Meeting with Drs. Moeljono, Sahid, Fatimah, Budioro, Tuti, Mr. Wiratno, Mr. Jalal, and other members of the Project staff to discuss progress to date on all project components.

PM Afternoon spent looking over English version of the Indonesian codebook, and meeting with computer center staff.

Tuesday, October 12
AM Meetings with computer center personnel to learn about data entry and to discuss plans for producing a copy of the data tape.

PM Afternoon spent going over questionnaire, codebook, and writing new data format.

Wednesday, October 13
AM Work on codebook and data format.

PM Afternoon at computer center writing tape and running logical checks on codes.

Thursday, October 14
AM Meeting with Dr. Solimano to discuss priorities for the week following his departure.

PM Afternoon spent with Dr. Budioro going over the Staff's table designs, and meeting with Mr. Jalal to discuss programming solutions for complex variables.

Friday, October 15
AM Meeting with Budioro to discuss the GUIDELINE tables and Semarang data set.

PM Work on variable lists and comparative indicators within the data set.

Saturday, October 16
AM Meeting with Budioro to work on tables.

PM Work at hotel correcting codebook.

Sunday, October 17
Work at hotel on programming for descriptive analysis.

Monday, October 18
AM Work at hotel on programming for descriptive analysis.

PM Meeting with Budioro, Fatimah, and Tuti to discuss questionnaire and codes, and interview procedures.

Tuesday, October 19
AM Meeting with Dr. Sahid and Mr. Wiratno to talk about the consumer behavior component.

PM Meeting with Budioro, Fatimah, and Tuti to discuss questionnaire, and analysis strategy.

Wednesday, October 20
AM Meeting with Budioro, Fatimah, and Tuti to discuss plans for analysis and meetings in New York.

PM Visit markets with Sahid and Wiratno.

Thursday, October 21
AM Depart Semarang for Jakarta. Meeting with Ms. Molly Gingerich at USAID offices.

PM Depart for New York.

SUMMARY

The purpose of this visit was to (1) provide technical assistance in the preparation of the Semarang survey data for analysis by the Diponegoro Research Group, and to return to New York with a copy of the data so that set-up at the Population Council could be completed in time for the November Meetings; (2) provide programming assistance for the tables in Infant Feeding Study: Guidelines for Analysis, issued by the Consortium in June, 1982; and (3) to collect various documents relevant to the data analysis and coordinate their translation into English.

CROSS-SECTIONAL SURVEY

At our first meeting with Dr. Moeljono and the project staff, Dr. Solimano and I were given a progress report on the cross-sectional survey. The data were coded from April to May, 1982, and were then entered and stored on disk. Under Dr. Budioro's supervision, a team from the Diponegoro computer center had then begun to clean the data set and were still running logical checks at the time of this meeting. A separate team, also under the supervision of Dr. Budioro, had begun an analysis of the data in July, and although not complete at this time, some tables had been done and the analysis would in all probability be finished by the end of October. An immediate issue was whether or not a copy of the data would be available by the time Dr. Solimano returned to New York. Dr. Moeljono agreed that this would be possible but only with written assurance that no analysis would be attempted until Dr. Budioro (the decision for Dr. Fatimah to accompany Dr. Budioro had not been made at this time) arrived. We agreed and reiterated that our only interest was to ensure that the data were available for his visit to New York in November. A letter indicating our intentions, however, would be provided (see attached).

For Dr. Solimano and myself, the first meeting was encouraging because, until that time, we had little information on progress to date. However, we subsequently learned that the analysis of the Semarang survey was not likely to meet the projected deadlines. The computer center at the University of Diponegoro is relatively new. Their computer is a Honeywell model Mini-Six, a new and efficient machine, but the language they are using is Cobal, a language not easily applied to the analysis of survey data. The staff is competent in the operation of the hardware, but they do not have much experience in the analysis of survey data, or, of course, the particular methodological requirements for the analysis of cross-sectional data on infant feeding patterns. Essentially, the potential for analysis is compromised by a computer facility with no analytical software, and a project staff with limited experience in using a computer for the analysis of a large data set. Although Dr. Moeljono had said that some of the tables had been completed (aprox. one-third), what this actually meant was that they had been planned. The process of generating a table involved Dr. Budioro drawing the table and specifying the variables and categories within each variable that would make up the rows and columns. Then the table would be redrawn by an artist on the staff of the computer center. Following this the computer center staff would try and generate the output. When we arrived none had been completed and there were none completed when I departed. I strongly encouraged Dr. Moeljono to purchase an analytical software package, specifically SPSS, for the University's computer center. As the situation now stands, the Center at the University of Diponegoro is not equipped to conduct this analysis in a reasonable amount of time.

During the first week Dr. Solimano and I met daily with Drs. Budioro and Fatimah and Mr. Jalal of the Computer center to learn as much as possible about the data set. A draft version of the codebook in English was available

by Monday and much of the time before Dr. Solimano's departure was spent translating their entry format into one appropriate for the facilities in New York and compatible with the analytical software we intended to use. When this was complete we copied the data from disk to tape and checked the output against the new formats. Dr. Solimano departed with a copy of the data. There are 1357 cases, each with a record length of 1000 columns.

The remainder of the visit was spent comparing the codebook and questionnaire for discrepancies and working on the programming for the tables issued in the Guidelines. Most of the changes were incorporated in the revised English versions of the Codebook and Questionnaire. Particular issues relevant to the interpretation of analytical results are listed below.

CROSS-SECTIONAL SURVEY

This section is intended to note those indicators in the data that deserve special attention, using the Consortium's Conceptual Framework and Guidelines For Analysis as an outline.

Literacy: I suspect the question of literacy, as it applies to infant feeding practices, will be difficult to address because there are different kinds of schools in Indonesia. A woman may have attended an Islamic school for six years, and having been taught only Arabic for the purpose of reading the Koran, may be incapable of reading Indonesian. In fact, many of the people on Java do not speak Indonesian, but instead speak Javanese. Dr. Fatimah estimates that one-third of the respondents attended religious schools and since only years of schooling and not type of schooling is coded, there will be no way of determining which respondent attended which school.

Mean Number of Household Residents: A breakdown of children and adults is not possible.

Age of Index Children: Age was coded to the nearest month within 2 week intervals, thus, a child coded as one month old is between 15 days and 6 weeks of age. This does not represent imprecision in collecting information, rather, according to Fatimah, the average respondent had only a vague notion of when her child was born. She reported that less than half of the mothers knew the index child's birthdate, and therefore there was little purpose in coding the child's date of birth. The lack of attention to this detail becomes especially apparent when examining the age distribution--there is significant clustering at age 1 year and at 1.5 years, due to apparent rounding. The coding of age for very young children is probably precise with the two week interval: 00-14 days=00/15-30 days=01/31-44 days=01/45-60 days=02/61-74 days=02, etc. For older children, if in response to the question of the child's age a mother said 3 months, the interviewer would then reply, "Exactly 3 months, or a little less, or a little more?" If the mother said, "A little more," or vice-versa, the interviewer would respond, "More than two weeks or less?" "More" rounded the age up; "Less" rounded the age down.

Age of Introduction of Breastmilk Substitutes: This question was asked of mothers currently breastfeeding (if yes, when?). Mothers who had weaned their children at the time of the interview were also asked if they had introduced breastmilk substitutes while breastfeeding and, if yes, at what age? There is no indicator for the age of introduction of breastmilk substitutes for mother's who did not initiate substitutes while still breastfeeding, if such is possible. And the question is not asked of mothers who never breastfed, though presumably the age of introduction of breastmilk substitutes was within the first few days..

Age of Introduction of Solid Foods: The food list contains 7 foods, each with a corresponding indicator on age of introduction. These variables, as are all variables in the feeding history, are coded in days. If the mothers are usually unsure of the exact age of the index child, how accurately could they pinpoint the day of their child's first non-breastmilk food? It remains to be seen if these ages were converted to days after the fact. If so, the ages are likely to round to 2 week intervals.

Note on the Relationship of Women's Employment to Infant Feeding Practices: Question M-10 asks the respondent "Are you working now to earn an income?" If the response is yes, the interviewer would proceed to Question M-11, which asks whether or not the mother quit working or took maternity leave after having given birth. If the response to M-10 was no, the interviewer was directed to proceed to question M-20. In reference to Question M-10 (working/not working), the question arises: What if a mother is not currently working because she has stopped work when the baby was born, or is currently on maternity leave? A listing of M-10 suggests three possible situations. Either is possible since the Indonesian team is uncertain as to how the interviewers handled this.

- (1) Mothers who are presently unemployed are not included in this section. This includes (a) those not working before giving birth and not working after giving birth; (b) those working before giving birth and quitting, or in the midst of maternity leave at the time of the interview with plans to return to work; and (c) situation "b" with no plans to return to work. There is some evidence to support this first alternative since all "no" responses to item M-10 are followed by blanks. However, consider the following:
- (2) Mothers who are currently working and those who are not currently working but on maternity leave are included as currently working. Thus, those on leave, or in the case of daily paid laborers, those who possibly consider themselves only momentarily out of the labor force, may be coded as presently employed.

(3) The third possibility is that there was no systematic procedure for dealing with women who are not presently engaged in income generating activity, and therefore the labor force participation indicators are a very mixed bag.

If we consider only women presently working and those on maternity leave (those with jobs waiting for them when they return), question M-11 and M-12 pose an additional categorizing problem. Regardless of whether the answer to M-11 is yes or no, there are responses to M-12. Presumably a "no" response to the question of "did you stop working after giving birth to this child" means that affirmative responses to M-12 are miscodes, or vice-versa. But a "yes" response followed by the question "do you plan to go back to work," leads to the question: "How are mothers who have already returned to work coded?" What may be operating here is that question M-12 is both "Did you return to work?" or "Do you plan to return to work?" And question M-13 is therefore, "If you've returned to work, how long after giving birth?" or "If you've not returned to work, when do you plan to return to work?" All remaining questions in this section assume this duality.

This is an obvious confounding factor in the analysis of employment status and infant feeding patterns--one that I don't see any simple method of side-stepping. Further, any coding solution necessarily presumes that either condition 1 or 2 from above is met. One possible solution would be to see if the time when a mother planned to return to work, or had returned to work was greater or less than the age of the infant. Unfortunately, this "time" is coded in days and infant's age is coded in months--meaning that a discrepancy of 31 days might exist--which translates into that much potential for error. It would be a mistake, I think, to discard the employment variables, and so I suggest we do the analysis with the caveat that results must be interpreted within the limitations of these data.

Consumer Behavior

On Tuesday morning I met with Dr. Sahid and Mr. Wiratno. During this period we discussed the consumer behavior section of the cross-sectional survey and the necessity of integrating the analysis of the marketing component and the phase two ethnography to create a good picture of the interaction between all relevant components and the main dependent variables of interest--purchase and use. With the exception of a good history of which products were used and how they were obtained, the cross-sectional survey is the weak link in this integration of data. Questions CB-13 and 14 were asked of respondents but according to Fatimah the responses were disappointing (i.e., vague and ambivalent) and not worth coding. Thus far the data indicate that the most salient factor in the choice of one brand over another is price--among lower income groups we might conclude with less chance of error that price is the bottom line. But in department stores there are both low and higher priced brands on the shelf and independent of quality (where the nutritional content and size of the can are the same) some consumers will choose a brand costing Rp 600-1000 more. The cross-sectional survey will tell us who is buying what, but not why. Dr. Sahid does say that mothers do not understand the difference between the different types of formula. They may believe one to be better than another, but that belief is grounded in something other than an evaluative assessment of the quality of one formula vis-à-vis another.

Dr. Sahid and Mr. Wiratno do believe that certain groups are targeted for samples on the grounds that higher priced formulas are economically out of the reach of low income groups--it's not that producers don't want low-income groups as consumers, only that they believe that sampling ought to have some potential payoff, some probability of success.

While prices in department stores are fixed, they start slightly higher in

retail shops in anticipation of bargaining. Basically all milk product brands are within Rp 50-100 of a given price, regardless of the type of retail outlet. Sampling is done only through private maternity hospitals--it is forbidden in government hospitals. However, sales representatives can visit government doctors during their private practice hours. Word of mouth is very important and although there are advertisements for milk products (not formula), the government prohibits targeting a product for babies. Promotional messages may say "Brand X is good," but they may not say "Brand X is good for babies." Condensed milk now has labels that warn that it is not an appropriate food for infants--this is required by law. It also appears that Nutricia has special products for the Middle East that find their way illegally into the Semarang market. The interesting thing is that the labels are written in Arabic. Dr. Sahid guessed that they might enter the country by way of returning Hajis, those who have made the pilgrimage to Mecca. It seems to me an odd souvenir to carry back.

As far as product visibility in stores, there didn't seem to be any way to predict which type of outlet would display prominently, and which would not. In one drugstore, milks were seemingly the star attraction, in another they were hidden away in a corner.

Dr. Fatimah says that some medical midwives have deliveries in their homes, give out samples, and tend to feed the baby formula in the first 6-12 hours, believing that during this time that there is no breastmilk. Fatimah said she observed quite a lot of free formula. The detail men may give the midwives this formula for the purpose of distribution, promotion, etc., but it isn't clear whether or not the midwives actually send new mothers home with samples. For Rp 15-20,000 you can have your baby with a midwife, and your five day stay includes all food and services. The free samples may get

diverted from their intended target population, i.e. mothers, and may be used instead to feed new infants and thereby lower the midwife's operating costs. The question comes to mind as to whether the sales people would find this objectionable, or within the interests of promotion.

Summary

The technical assistance visit to the University of Diponegoro accomplished the following:

- 1) The production of a data tape compatible with the operating systems here in New York.
- 2) The completion of a final English version of the Indonesian questionnaire and codebook.
- 3) The content analysis of both documents to clear up existing anomalies.
- 4) Assistance to the Project staff in the analysis of their data, with special attention to the construction of complex variables.
- 5) A tour of retail outlets and discussions with the economists on the integration of project data to produce a good picture of the marketing-consumer relationship as they relate to infant food products.

Kenya Site Visit Report

Sept. 14 - Oct. 10

1. Schedule of Activities
2. Summary of Discussions

Penny Van Esterik

Cornell University

1. Schedule of Activities

Tuesday, Sept. 14

am - travel from Ithaca to New York; meeting at Population Council
pm - travel to Nairobi

Wednesday, Sept. 15

pm - arrival in Nairobi, met by Terry Elliott

Thursday, Sept. 16

am - meeting with Terry at C.B.S.
pm - received reports, visited grocery and drug stores

Friday, Sept. 17

am - planned activities at C.B.S.
- meeting with Bernadette Thuiru, Medical Research Center
pm - meeting with Steven Kinoti, Medical Research Center

Sunday, Sept. 19

am - meeting with Terry to discuss the medical infrastructure
pm - meeting with Chris Wood to discuss the medical infrastructure

Monday, Sept. 20

am - AMREF, discussion on phase one revisions with Ms. Wambui Kogi
pm - AMREF, meeting with John Kekovole at C.B.S.

Tuesday, Sept. 21

am - accompanied Helen Armstrong of Breastfeeding Information Group to
counsel new mothers on breastfeeding
pm - AMREF, began revision of phase one report with Wambui

Wednesday, Sept. 22

am - observation and interviews at Radiant Health Clinic
pm - wrote up notes on visits

Thursday, Sept. 23

am - AMREF, continued revising phase one report
pm - AMREF, meeting with Mr. Norman Scotney on phase two

Friday, Sept. 24

am - meeting at Ministry of Health to approve hospital visits
- observation and visits at Kenyatta National Hospital

Saturday, Sept. 25

(moved to the YWCA to have a better opportunity to talk with Kenyan working women)

Monday, Sept. 27

am - observation and interviews at Langata Health Center

pm - AMREF, wrote up hospital notes with Margaret Okello

Tuesday, Sept. 28

am - observation and interviews at Mater Hospital

pm - University of Nairobi, meeting with sociologist George Mkangi

Wednesday, Sept. 29

am - observation and interviews at Aga Khan Hospital

pm - observation and interviews at Pumwani maternity home

Thursday, Sept. 30

am - wrote up hospital visits

pm - meeting with Jennifer Mokolwe at Maendeleo ya Wanawake (women's organization)

Friday, Oct. 1

am - reviewed medical infrastructure with Margaret Okello and Chris Wood at AMREF

pm - reviewed Luo cases with Margaret

Saturday, Oct. 2

pm - meeting with Bernadette Thuiriri, Jennifer Mokolwe, Terry and a representative from the Kenyan nurses association to prepare suggested revisions in the Kenyan code for the marketing of breastmilk substitutes

Monday, Oct. 4

am, pm - AMREF, reviewed phase two case studies

Tuesday, Oct. 5

am - AMREF, discussions on phase one and two with Ms. Wamucii Ngugi

pm - observation and interviews at Nairobi Hospital

- meeting with Mr. Roger Cormack to discuss marketing

Wednesday, Oct. 6

am - observation at M. P. Shaw hospital with Breastfeeding Information Group

pm - wrote up notes on hospital visits

Thursday, Oct. 7

- am - worked with Ms. Margaret Okello on Luo cases from phase two
(-meeting with Norman Scotney on new materials from phase one and two)
- pm - meeting with Dr. Chris Wood, Terry Elliott, Ms. Margaret Okello and Ms. Ester Sempebwe to discuss the analysis of the medical infrastructure questionnaires

Friday, Oct. 8

- am - meeting with Ms. Margaret Okello to review new materials on phase two
- meeting with Rose Britanak, AID
- pm - AMREF, reviewed working paper with Wamucii and discussed ethnographic reports with Norman Scotney

Saturday, Oct. 9

- am - meeting with Margaret Okello to review new phase two materials
- pm - delivery by Terry Elliott of tapes of survey data
- departure for New York

2. Summary of Discussions

General

The purpose of this site visit to Kenya was to finalize the phase one ethnography, assist with the analysis of the phase two ethnography, and do whatever necessary to help with the survey and marketing components. Generally, these objectives were met. But during the first week, it was apparent that some assistance was needed in the fieldwork for the medical infrastructure. Consequently, at least half my time was spent observing and interviewing in Nairobi hospitals and clinics in order to present institutional profiles to augment the medical infrastructure questionnaires. This work was time consuming but turned out to be useful for the phase two ethnography as well. At the time, it appeared to be the best way to free Terry Elliott to concentrate on preparing the data tapes from the cross sectional survey.

Before John Kekovole left for the U.S., we met to discuss who would take responsibility for the study in his absence. He called in Festus Omoro and asked him to be responsible for both technical and personnel matters for the study. He asked that Mr. Agunda remain the official project director, but advised Terry to use Festus Omoro to solve daily problems and to present major difficulties to Mr. Agunda. Once again, John Kekovole was reminded that the CBS staff assigned to this project were not carrying out their responsibilities. Mr. Kekovole assigned Terry immediate clerical assistance and promised to release two interviewers to assist with future work.

There was no further discussion of workshop plans as they have not changed from the plans outlined in the proposal. Terry is waiting to hear from EDC about local arrangements.

The other studies relevant to infant feeding in Kenya are in various

stages. Marjan Veldhuis' study of the knowledge, attitudes, and practices of health workers in Kenya with respect to breastfeeding is completed. UNICEF is currently preparing a final report for publication. The WHO study on breastfeeding and working women is funded, but the starting time has been delayed. This delay enabled Margaret Okello and Ester Sempebwe to work on the medical infrastructure for our study while they were waiting for their funds to be cleared. Jennifer Mokolwe is also doing a related study, but she has not prepared any reports yet.

Cross-Sectional Survey

All the work of editing and cleaning the data from the cross-sectional survey fell on Terry. He has very little assistance from CBS, and there is, as a result, no "team effort". However, he was ably assisted in preparing the data analysis by Cicely Resnick and Linda Warner. On the last day of the site visit, Terry completed the code book, the raw data tape, part of an SPSS program tape, and letters explaining the data.

The mothers in the ethnographic study were not included in the cross-sectional survey. It was agreed that this would be done later in the month.

One Luo and one Kikuyu interviewer will be assigned to administer the survey to some of the mothers from the ethnographic component. They planned to be introduced by the ethnographers on October 22 and 23. There was some reluctance to take this additional step, and the ethnographers doubted that the mothers would cooperate. However, AMREF was particularly interested in seeing that this be done, as it would give them a chance to see how the two methods would differ on the kind of information given. It was agreed that if ten Luo and ten Kikuyu mothers could be interviewed, this would be sufficient.

During the course of discussions with Ms. Wambui and Ms. Okello at

AMREF, I reviewed the Kikuyu and Luo translations of the survey instrument with them. Generally they were impressed with the quality of the translations. But the task provided an opportunity to see how the languages differed in the way they expressed certain key concepts, such as infant formula. In addition, there were certain small problems identified which the interviewers probably corrected during the administration of the questionnaire.

Ethnographic Component

The phase one ethnography report was still in the process of revision by Ms. Wambui and Ms. Wamucii. They added one Kikuyu case and expanded another. In addition, they were revising the conclusions and recommendations. Hopefully, Terry can bring the final copy back with him.

The phase two ethnography was done in Kenyatta National Hospital, and focused on malnourished infants admitted to the Pediatric Observation Ward (POW). The fieldwork was exceptionally difficult to accomplish and affected both Margaret and Wamucii very deeply. In some cases, the infants died while they were with the mothers. In other cases, the mothers disappeared before they could go on a home visit. They produced ten long case studies of Luo, Luhya, and Kikuyu families, which I reviewed and revised. Just before my departure, I discovered that there was a 40 page analysis of additional Luo and Luhya cases prepared by Margaret Okello. This report needs a great deal of work and does not yet fit well with the cases, but it contains extremely valuable information on changing food habits among the Luo and Luhya. Because I received this so late, I did not complete my suggestions for the introduction and analysis of this phase. It will take time to figure out how these parts should be integrated. I will try to have a draft ready for Terry to take back in November.

The ethnographers have done a good job, but they received no guidance

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or feedback on their work from their supervisor. Consequently, they resent having to revise or expand since they never had a clear image of how their work was being used. They hope to be involved in the data analysis stage to help with interpretation of the results of the survey.

Medical Infrastructure

Dr. Kigundu is no longer with AMREF. In his absence, Dr. Chris Wood has been taking responsibility for this component of work. The shortened questionnaires are no longer being distributed since Dr. Wood feels that an adequate number are now available for analysis and there is some doubt about the way they were filled out (some done at home, others during training courses, etc.). There are approximately 239 from rural workers and 34 from Nairobi. Most of the Nairobi sample are from nurses at two government hospitals. On reviewing this component, we concluded that they did not give an adequate picture of the health institutions in Nairobi. As a result, it was agreed that Margaret Okello and I would try to arrange a series of visits to observe in a number of government hospitals and clinics, private hospitals and clinics, and mission hospitals. One or both of us visited ten institutions. In some cases we were introduced to the administrators through Ministry of Health personnel; in other cases we used less official means to gain entry to the maternity units (aided by the fact that Margaret was pregnant). These institutional profiles were written in draft form and will be edited here and sent back with Terry in November to augment the survey results.

Meanwhile, the questionnaires from the rural health workers were coded and analyzed by Margaret Okello and Ester Simpebwe. They are currently preparing tables summarizing the results. The Nairobi forms will be analyzed by institution type (government or private...etc.) rather than by kind of health worker (nurse...midwife, etc.), since the numbers are so small. This component should be completed by mid November.

Marketing Component

Following conversations with Al Ritchie and Jim Post, it was clear that certain qualitative information about the marketing context in Kenya had not yet been communicated. Much of this information is available in Terry's files, including posters and booklets from the major infant formula manufacturers. Some of this material was already sent to the Population Council and Trost. In addition, both Terry and RBL are very anxious to receive the results of the retail audit so that this can be used to prepare the marketing report for Kenya.

During the site visit, I recorded prices of infant formula, commercial weaning foods, and feeding bottles in some of the larger supermarkets in the area (UCHUMI). My impression is that there is very little price variability in infant formula and commercial weaning foods. (There are price controls on these products.) More significant, however, is the aggressive expansion of Wyeth with S26 and SMA into the health facilities. Roger Cormack pointed out that since 1981 Wyeth has brought in "as much infant formula as free gifts as they wanted" without paying any import duties, since no foreign exchange would be involved. These gift packs were found in hospitals and clinics as discharge packs. It appears that Wyeth is anxious to take up the slack left by Glaxo and Cow and Gate's departure from the infant formula market. Many of these points and others relating to the marketing hypotheses are discussed on a tape prepared by Terry Elliott for Jim Post.

Based on the ethnographic fieldwork and casual observation in shops, the shopkeepers do not appear to be important sources of information on infant feeding practices. Often the shop owners are Asians and the clerks are young men who are not very knowledgeable about the products.

Over the visit, I noticed many displays by CHICCO company (Italy) of

very elaborate bottles with handles, and elaborate "feeding spouts and spoons." In addition, CHICCO produces electric bottle warmers, quilted bottle cases (insulated), and thermos with screw in nipple attachments. I found the distributor and interviewed him about these products. They have been imported into Kenya for fifteen years but are now facing difficulties getting their import license renewed. While that may change the "prestige" end of the feeding bottle line, the bottles produced in Kenya are much inferior in quality and the CHICCO distributor claims they cannot be adequately sterilized. It seems apparent, then, that the Kenyan code should deal with standards for feeding equipment as well as the infant formula and weaning foods. But the Kenya Bureau of Standards committee is deadset against this. The Kenya Bureau of Standards is still meeting to discuss the Kenyan code. It remains a struggle to bring the "ICIFI version" to something more acceptable to the full committee.

TRIP REPORT--THAILAND
September 22 - October 7, 1982
INFANT FEEDING STUDY

Robert A. Smith
Department of Sociology
S.U.N.Y. at Stony Brook
Stony Brook, N.Y. 11794

SCHEDULE

Wednesday, September 22 Evening	Arrive Bangkok
Thursday, September 23 AM	Meeting with Jean Baker at the Population Council to discuss plans for the two-week visit.
PM	Meeting with Dr. Somchai, followed by lunch with Dr. Somchai and Dean Debhanom. Afternoon spent discussing project history and progress in the data set up.
Friday, September 24 AM	Meeting with Dr. Somchai to discuss mini-audit. Remainder of morning spent with Ms. Chaetkow translating <u>Infant Formula Industry Analysis</u> into English.
PM	Meeting with Dr. Anek and Ms. Chaweewon to discuss the state of data processing and schedule time to be spent at the National Statistics Office (NSO). Remainder of afternoon spent with Dr. Somchai discussing sampling procedures.
Saturday, September 25	Free day
Sunday, September 26	Worked on codebook
Monday, September 27 AM	Meeting with Dr. Somchai and Ms. Chaetgow to discuss codebook and interview techniques.
PM	Meeting with Dr. Somchai to discuss data analysis plans. Remainder of afternoon spent with Ms. Chaetkow translating Interviewers Procedure Manual.
Evening	Meeting with Dr. Anek at N.S.O. to generate set up file and variable list.
Tuesday, September 28 AM	Meeting with Jean Baker to discuss progress and plans for Dr. Winikoff's visit.
PM	Work on Consumer Behavior portion of the analysis.
Wednesday, September 29 AM	Work on programming at Mahidol University.
PM	Meeting with Dr. Somchai to discuss analysis and the delay in the marketing component.
Evening	Work at N.S.O. with Dr. Anek.

Thursday, September 30

AM

Programming at Mahidol Univeristy

PM

" " " "

Friday, October 1

AM

Meeting at Mahidol University with Jean Baker, Dr. Somchai, Dr. Thavisak, and Ms. Chaetkow. Discussions on progress in setting up the data, solutions to the Deemar-Trost arrangement, plans for Dr. Winikoff's visit, and the current stage of the Phase II portion of the Ethnography.

PM

Afternoon spent on programming.

Saturday, October 2

Day spent with Dr. Anek at N.S.O.

Sunday, October 3

Free Day.

Monday, October 4

AM

Meeting at the Population Council with Barnett Baron, Jean Baker, and Dr. Winikoff.

PM

Work on programming.

Tuesday, October 5

AM

Work on programming.

PM

Afternoon spent at N.S.O. with Dr. Anek to copy data set for set up in New York.

Wednesday, October 6

AM

Meeting to discuss the present state of the various components of the Infant Feeding Study. Attended by Barnett Baron, Jean Baker, Dr. Somchai, Dean Debanom, Dr. Thavisak, Ms. Chaetkow, Ms. Cheweevon, Dr. Winikoff, and Dr. Sonchai of Deemar.

PM

Programming and final notes before departure.

Thursday, October 7

AM

Breakfast with Dr. Winikoff and Dr. Anek.

PM

Depart for Jakarta.

SUMMARY

The purpose of this visit was to (1) provide technical assistance in preparing the Bangkok survey data for analysis by the Mahidol Research Group, and to return to New York with a copy of the data so that set-up at the Population Council could be completed in time for the November Meetings; (2) provide programming assistance for the tables in Infant Feeding Study: Guidelines for Analysis, issued by the Consortium in June, 1982; and (3) to collect various documents relevant to the data analysis and coordinate their translation.

CROSS-SECTIONAL SURVEY

The data were ready to be analyzed and the programming for the majority of the tables in the Guidelines was completed and left with Dr. Anek. The quality of the data set was, I think, quite good--mispunches and missing observations for any particular variable do not usually exceed one percent. Having seen this I advised the Thailand Group that they should devote their time to analysis and return to cleaning when time permitted. The potential for on-going analysis was subject to two limitations. First, the computer facilities at the National Statistics Office were hit hard by some very damaging short circuits. When the machine was operational, only 25% of the terminals were functioning. Thus, access to terminal time is very competitive. The combination of long waiting periods for terminal time, a quirky computer, and restrictive hours add up to slow turn around. Second, the analytical process is entirely in Dr. Anek's hands, and while there is no question as to his competence, the time he can devote to planning analytical steps with Dr. Somchai and completing these tasks is very limited. It is likely that the Mahidol Group will welcome additional assistance in generating the output they deem necessary to complete the formal presentation of findings.

RETAIL AUDIT

During the last week of my visit, Beverly and I learned that the retail audit was completed but no analysis had been done. Deemar claimed to have fulfilled its contract with Trost Assoc., which they claimed stipulated only interviews. The data exist now as uncoded interviews, conducted and recorded in Thai. Arrangements are being negotiated to have Deemar obtain English translations of the interviews and send them on to Trost for coding and analysis. There is a small audit that was done by a group of Dr. Somchai's graduate students that may serve as a substitute until the larger study is available. Dr. Somchai of Deemar did mention, from his recall of the interviews, that account executives were walking a very thin line between what is legal and illegal, a situation they were well aware of. Further, he mentioned that brand pushing is related to the efficiency of the distribution system--the brands represented by sales people that visit most often are the brands that are pushed.

MEDICAL INFRASTRUCTURE

According to Dr. Somchai, new data on the medical infrastructure is with Dr. Thonglaw who, at the time of my visit, was in Yugoslavia. Dr. Somchai had been assured by Dr. Thonglaw that the analysis was complete and all that remained was writing up the results, which would be completed and in the mail by the end of September. Efforts to contact Dr. Thonglaw by telephone were underway when I left for Semarang. It may be worth mentioning that Dr. Thavisak believes that the interviews are seriously biased in the direction of social desirability.

ETHNOGRAPHY

Phase I is complete and bound as Volume II in a projected series of 6 volumes from this project. Dr. Thavisak reports that the data are collected for Phase II, and the writing should be completed by December, 1982.

The status of the six volumes provide a summary of the entire project to date.

Vol I: Methodology	complete
Vol II: Ethnography	Phase I, complete
	Phase II, projected completion December, 1982

Vol III: Cross-Sectional Survey	Programming and Analytical design nearly complete. Final report to follow completion of analytical work.
Vol IV: Marketing	This phase will be completed by either Deemar or Trost.
Vol V: Integration	Projected completion date sometime in the beginning of 1983.
Vol VI: Conclusions & Policy	Also to be done in the first few months of 1983.

CROSS SECTIONAL SURVEY: COMMENTS

Initially there was some concern about the sampling procedures since it had been reported that from a frame of 1442 households, there had been 1442 interviews completed. Those with experience in survey research would agree that this sort of success would be miraculous, and accordingly, the report was viewed skeptically. I discussed this with Dr. Somchai, and he spent an afternoon explaining the sampling procedures. My notes cannot provide the detail available in Volume I: METHODOLOGY, and in any case, would be redundant. But for the purpose of this report, my impression is that the design of the sample and the interviewing were well-administered and carefully thought out. The success rate is this high, it seems, because the creation of the Bangkok sampling frame was actually a two-step process. Eighty-three blocks were selected and then divided into 6 regions. Interviewers then canvassed the blocks, updating the sampling frame, and visiting every household to collect information on all household residents and completing a numbered card for each household whether or not eligible for participation in the survey. Later the cards were compiled and based on eligible households, a second sampling frame was created. So, having been contacted and briefly interviewed once, a success rate of nearly 100% (there were, in fact, a few refusals) is not as farfetched as it seemed originally. Interviewers were instructed to be polite, solicitous, to identify themselves, present credentials, and explain the importance of the study. The interview schedule had an official appearance. These ingredients contribute to increasing sample size in the U.S. and they probably had the same effect in Bangkok. If there is any problem with the sample, it probably occurred in the initial listing of households.

When the first set of frequencies was delivered, Somchai and I were surprised to discover that the sample included only 3 mothers with children that had died. The estimated infant mortality rate for all of Thailand is 50-80 per 1000, and though much lower in metropolitan Bangkok, we should expect to see many more infant deaths in this sample. When asked, Ms. Chaetkow explained that an infant death is a sad story and neither families nor neighbors would mention it. The three represented are either an anomaly in community cultural patterns, or infants that died between the time of household listings and the interview. Whatever the explanation, the number is insufficient for any analysis of infant deaths. One final note: Dr. Somchai says that 10% of the interviews were validated.

NOTES ON THE QUESTIONNAIRE AND CODEBOOK

Numerous changes were made in the codebook and questionnaire, most of them a function of confusions in translation from Thai to English. The changes were incorporated into new versions of the questionnaire and codebook and do not need to be mentioned here. However, some points are worth noting:

Question 25: There is no recorded date of hospitalization and therefore insufficient information to say anything conclusive about a possible relationship between infant feeding patterns and hospitalization.

Question 33: "Formula" milk refers to all non-breastmilk milks. Throughout the questionnaire, Formula = any breastmilk substitutes. Further, Supplemental Foods include juice.

Question 59: If the respondent had difficulty deciding the degree of importance to assign to the opinion of the person who advised discontinuing breastfeeding, the following guide was used:

Very important--followed advice immediately
 Important--considered advice for a period of time and then complied
 Not important--ignored advice

Question 124: The question of rural-urban origin is solved as follows. Born in

Bangkok is automatically urban. If not born in Bangkok, but living within the sanitation districts outside Bangkok is also urban. If not born in Bangkok and not living in the sanitation district (previously), this is rural.

RANDOM NOTES

Traditional/Modern Maternity Care :- Since 98% of the mothers gave birth in hospitals this dichotomy has little utility in the analysis of the Bangkok data. There are two possible alternatives for comparative analysis: (1) whether or not a mother had prenatal care, and (2) whether or not she was visited by health personnel after giving birth. The government claims all mothers are visited within one month, but only 30% of this sample reported such a visit.

Place of Birth--The questionnaire has the hospital names, but only the distinction "public/private" was coded. Dr. Winikoff and I made a strong case for returning to the questionnaires and retrieving this information. A format was drawn and it was suggested that the coding be done directly on machine readable scan sheets. It will be especially interesting to see if place of birth is a good predictor of infant feeding practices.

Formula in the Hospital:- There is no indicator as to whether or not an infant was fed formula in the hospital. Using a recode of V109, a two column-field variable (0-31 days, "When did your child begin using formula?") we can create an approximate indicator, since 98% of the children in this sample were born in hospitals. However, the question comes to mind, since this section is for women currently feeding formula, they may or may not be currently breastfeeding. I'm not sure that there is any way to know if a baby was fed formula in the hospital and then breastfed without formula for any significant duration.

Reasons for Using or Not Using Milks:- Unfortunately this indicator is only relevant to the current use pattern. If the milk is still used, then reason for use is coded. If the milk is not currently used, then only the reason the milk is not

used is coded. In the case of milks used previously, but not currently, unless they were free we can not know the reason they were used. In the case of free milks, we can only guess they were used because they were freely available.

CONCLUSION

Reflecting on the visit to Bangkok and Dr. Somchai's visit to New York, it is apparent that there is no single person on the Bangkok project that is capable of handling the entire analysis, and the coordination between staff members necessary to ensure completion of the analysis is not occurring. It is likely that the project will need additional input from the Consortium staff, possibly in cooperation with the Population Council in Bangkok, in order to complete the analysis in time for the workshops.

The Population Council

SITE VISIT REPORT--THAILAND

October 5 - 9, 1982

INFANT FEEDING STUDY

Beverly Wirikoff, M.D., M.P.H.
Senior Associate
International Programs

SCHEDULE

- Sunday, Oct 3 (Monday early am) Arrive Bangkok
- Monday, Oct 4 - am. Meet with Jean Baker, Barnett Baron, Robert Smith at Population Council offices to discuss Robert's consultant activities to date and overview of the Infant Feeding Study in Bangkok.
- Lunch with Barnett Baron, Jean Baker, Robert Smith, Beverly Winikoff, to continue discussions.
- pm. Mahidol School of Public Health: meet with Somchai, Chatgeaw and Robert Smith to work on variables, programming, and printouts, and overall discussion of the Infant Feeding Study progress to date.
- Tuesday, Oct 5 -am. Mahidol University School of Public Health: discussions with Somchai on administrative matters regarding the Infant Feeding Study and plans for the workshop. Meeting with Dr. Amorn at the Ministry of Public Health to discuss the Infant Feeding Study and his participation in the workshop.
- Lunch Dr. Debhanom, Dean of the School of Public Health, Somchai, Robert Smith, Chargeaw, and BW.
- pm. Dr. Petrasong at Siriraj Hospital to discuss the organization of a workshop planning committee, the content of the workshop, breastfeeding promotion in Thailand, tour of preterm unit and breastfeeding program. Return to Mahidol to work with Robert Smith. Visit to the National Statistical Center to work with Robert Smith and Dr. Anek on data tape copying.
- Wednesday, Oct 6-am. At Mahidol University - large review meeting of the present status of the Infant Feeding Study attended by Barnett Baron, Jean Baker, Dr. Somchai, Dean Debhanom, Dr. Tiavisak (ethnography), Ms Chaetgow, Ms Cheweevon, Dr. Sunchai (Deemar) and Robert Smith.
- pm. Work with Robert Smith and Dr. Anek.
- Dinner. Dr. Aree, Dean Debhanom, Dr. Somchai, Barnett Baron and other Thai officials regarding planning for the policy workshop.
- Thursday, Oct 7 - Work at Population Council. Meetings with Barnett Baron, Jean Baker. Review of documents produced to date on Infant Feeding Study.
- Friday, Oct 8 - Meeting with Jean Baker, Population Council. Meeting at Deemar office with Jean Baker, Chris Anderson and Dr. Sunchai. Return to Mahidol School of Public Health for meeting with Somchai.

SUMMARY

The purpose of the visit was to: 1) review progress to date on all components of the Infant Feeding Study, 2) provide technical assistance on data analysis in conjunction with Robert Smith's technical assistance visit, 3) help with administrative matters, including the integration of the three study components, and 4) help with organizing and planning the policy workshop to be held in the spring of 1983, including provision of technical assistance on workshop content.

1. Review of Study Components and Technical Assistance

Robert Smith found the data in relatively good shape (see his technical assistance report) but encountered problems in access to the computer and especially in getting the required coordination of effort by Dr. Anek and Dr. Somchai. To some extent, this problem was less obvious during my visit as Dr. Anek seemed very anxious to please the Population Council and consistently performed the tasks asked of him in good time.

Data collection and coding of materials seemed to have proceeded well. There was much discussion of the 100% response rates (see Robert Smith's report for elaboration of this issue) and of the inadequacy of the mortality data to proceed with analysis in this area. Like other study teams, the Bangkok investigators were unable to get reliable information retrospectively on infant deaths, even within the last year. Part of this seems to have been due to calculated unwillingness of informants to discuss this issue rather than lack of recall. The deaths that were listed seemed to have been included in the data set merely because the cases had been identified before the death and were revisited at a point after the death which was then recorded.

Aside from problems with the tape and some small problems with the coding of certain questions, the only recoding necessary was the expansion of the data available on "hospital type" to include specific institutions in order to enable an analysis of feeding pattern by aspects of the medical care provided. Somchai agreed to review all the questionnaires and recode this section so that the information would be available. In the frequency runs, a peculiar distribution of sexes was noted with 53% of the sample reported as female. This seemed unlikely on the basis of chance, but possible. It was decided to perform a month by month analysis of the sex ratio to see if the discrepancy was constant throughout all months of life.

Marketing

Retail audit: Data had been gathered by Deemar but no analysis had been performed, and the Deemar team asserted at the Wednesday meeting that it had completed its contractual agreement by delivering to Somchai the completed questionnaires in Thai with no analysis. It was presumed, then, that Dr. Somchai would be responsible for translation of the questionnaires and forwarding them to Trost. We scheduled a meeting with Deemar to explore the issue of what, exactly, the original contractual arrangements were. During our meeting on Friday morning, the Deemar executives were unable to locate any contract for this project and could not substantiate their claims that they were not

committed to do any further work. In fact, they agreed that they had a commitment to provide a code book with a translation of the questionnaire and the open-ended questions. It appeared that Dr. Sunchai's statements on Wednesday afternoon had been misleading. His delivery of the only copy of the completed questionnaires to Somchai's office was obviously inappropriate and arrangements were made to return these questionnaires to Deemar for further work. Deemar promised to provide the necessary materials, in English, directly to the Population Council and also to send to the Council the retail audit questionnaires for analysis by Trost Associates.

State of the industry: Work was said to have been completed by Dr. Thonglaw. However, Dr. Thonglaw was unfortunately, and puzzlingly, absent from Thailand and resident in Yugoslavia for several months. The raw data was said to be with him in Zagreb, unobtainable by anyone in Bangkok. Somchai had been told to expect a final report to be sent from Zagreb to Bangkok on the state of the industry. Attempts were made to get a telephone number for Thonglaw in Zagreb but these were not successful. We did obtain a telex address and will attempt from both Bangkok and New York to extricate the report and/or the raw materials from Thonglaw. In the meantime, nothing further can be done on the state of the industry.

The medical infrastructure interviews were said to be completed, and the product list was translated into English for Jim Post. One of Somchai's graduate students had completed a paper on marketing which was translated by Somchai and Robert Smith for use by the Consortium.

Ethnography

Volume I of the ethnographic report (Phase I) was published and distributed during our stay in Bangkok. It is a glossy volume with a good deal of fancy artwork and an attribution on the cover "edited by Somchai Durongdej." A list of "authors" is included on the first inside page, in order of seniority. This publication has created a problem between the survey team and the ethnographic research team as the ethnographers feel, somewhat justifiably, that they were not accorded sufficient credit for the extensive work that they had done.

It was stated that fieldwork for Phase 2 of the ethnography has been completed. Dr. Thavisak says that he will have a full report by the end of December. Unfortunately, because of the bad feelings created by the authorship attributions for Phase 1 of the ethnography, I believe that Thavisak will be less than forthcoming with the final document (i.e. that it will be difficult to get the report from him on time).

During the course of the visit several loose ends were tied up for the Consortium ethnographer: codes for most of the ethnography subjects were obtained so that their survey questionnaires could be identified, clarification was received on the identification of the photographs for Penny.

Workshop

Dr. Somchai and Dr. Debhanom are obviously interested in the preparation of a workshop which will have a broad audience of important policymakers in Thailand and are trying to lay the groundwork for support within the nutrition

community and the broader government/health community. To do this, Dr. Somchai has proposed the creation of a planning committee for the workshop. This would be composed of several prominent physicians and members of the government. In order to ensure the cooperation of these persons, we scheduled several meetings with them in their offices to explain the purpose of the study and the workshop and to enlist their support for the proposal and their participation in the planning committee.

We first visited Dr. Amorn Nondasuta who is the Director General, Department of Health. Dr. Amorn seemed interested but somewhat distant, and Dr. Somchai felt it appropriate to assure Dr. Amorn of the importance of the study and the reasons that it could have broader use than many small studies which had been done in Bangkok previously on nutrition issues. We left Dr. Amorn's office with the feeling that he was potentially supportive but remained to be persuaded.

Our visit to Dr. Prasong at Siriraj Hospital was more encouraging. Dr. Prasong readily agreed to be a member of the planning committee and gave his enthusiastic support both for the study and for the idea of a workshop.

On Wednesday night, dinner was hosted by Dr. Debhanom and Dr. Somchai in order to discuss with the proposed members of the planning committee the idea of the workshop and its participants. Dr. Aree Valyasevi was present at the dinner. He is one of the most senior nutrition researchers in Bangkok, and he appeared to offer no objection to the idea of the policy workshop. I believe that he was skeptical that the infant feeding study had more to offer than previous studies done by him and his group. In general, the tone of the dinner was one of acceptance but reservation of final judgment until a later date. Dr. Somchai felt that this was a relatively positive development, and it was tacitly assumed that he and Dr. Debhanom could continue with their plans without creating opposition among senior Thais in the nutrition field.

Somchai will continue to try to put together the workshop with the assistance of Dean Debhanom and the planning committee. It appears that he has a good chance of being able to persuade key Thai policy makers to attend for at least some of the sessions.

Conclusion

Most of the tasks laid out for the Infant Feeding Study in Bangkok have been performed. There is no question that the work has been thoroughly and diligently done. There are some problems related to the structure of responsibilities for this study. The marketing personnel do not feel that they need to be responsive to the principal investigator and therefore have not reported their findings in a timely fashion. Similarly, there has been less than ideal collaboration between the ethnographers and the principal investigator with the result that the second part of the ethnography report will probably be delayed in its arrival. Deemar's work has been done unenthusiastically but competently. It needs to be integrated with the rest of the work. As yet, the Thai marketing counterpart has not given any attention

to this, and most of the work on this integration will need to be done in the US.

The largest problem with the survey is, again, the aspect of integration. Dr. Anek is willing to work on the survey, but does not seem to be willing to work directly for Dr. Somchai. On the other hand, Somchai is not really able to give direction to Anek's work. The result is that there have been delays in processing of data, and there will certainly be delays and difficulties in data analysis if there is not strong guidance from the central Consortium team.