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WHO Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education

TO: Dr. Cate Johnson, CTO
G/PHN/HN

FROM: Chloe O'Gara, Director, Expanded Promotion of Breastfeeding Program

DATE: September 15, 1994

SUBJECT: TRIP REPORT

RE: Cooperative Agreement # DPE-5966-A-00-1045-00

Enclosed are two copies of the trip report described below:

- Report title: Trip Report
- Date of trip: August 15-26, 1994
- Traveler: Carol Baume
- Country: Ukraine

If, upon reviewing this report, you determine that revisions are necessary, please send them to us within 30 days from the above date. If changes/additions or deletions are received from you or other reviewers, these will be incorporated into the report and revisions will be distributed. Otherwise, this report will stand as final.

We hope you find this document useful and welcome communication about it.

Enclosures: trip report with attachments

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TRIP REPORT

AUTHOR: **Carol Baume, Ph.D., Senior Technical Advisor, EPB**

WHERE: **Kiev, Ukraine**

WHEN: **August 15-26, 1994**

PURPOSE

The main purpose of the trip was to work with the Ministry of Health of Ukraine and with Wellstart consultant Dr. Elena Stroot to plan and launch a survey on women's reproductive health. The specific objectives of the trip were to finalize research plans with local counterparts, test and finalize the questionnaire, train interviewers, set up coding and data entry, and organize and begin the data collection. The work went extremely well and all objectives were met. A list of contacts is found in Annex I.

A briefing and debriefing as well as mid-visit meeting were held with Dr. Anne Aarnes, Chief of Project Development for USAID/Kiev. Dr. Aarnes also opened the training session with introductory remarks regarding USAID support for and interest in the study.

BACKGROUND

Because of limited time and financial resources, the survey is short and focused, with the intent of providing basic preliminary information which can be presented at a regional Reproductive Health Conference to be held in Kiev October 24-28. (The conference is being organized by Wellstart.) The study covers maternity experiences, breastfeeding, abortion and family planning. It includes both quantitative and qualitative questions; the quantitative focuses on documenting practices, whereas the qualitative asks for subjective information about women's experiences with the health system.

Three sites are included in the study: the capital city of Kiev, Donetsk in the west, and Lviv in the east. One hundred (100) women will be interviewed in each site for a total sample of 300. In Donetsk and Lviv approximately half of the sample will be urban and half rural. Respondents are women who are about to be discharged from the maternity (usual stay is 5-10 days), who have delivered vaginally, and who have a live infant at discharge. About 40 maternities will be included: about 10 from Kiev, and

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about 15 each from Donetsk and Lviv. Exact numbers of maternities will be determined by the number of women being discharged on the day of the interview, which in turn determine how many maternities need to be visited before the target sample size is reached. In Donetsk and Lviv, maternities are smaller and more of them need to be visited in order to find 100 women who meet the selection criteria.

ACTIVITIES

Planning: The main counterpart for the survey activities was the Deputy Director of the Ministry of Health, Dr. Raisa Bogatyreva. She was extremely supportive and helpful throughout the process. She reviewed the draft questionnaire and suggested revisions, made arrangements for travel for interviewers, arranged for sample maternities to be contacted to prepare them for the arrival of the interviewers, and arranged for local transportation of interviewers.

Selection of maternities to be included in the study was made in consultation with the interviewers and reviewed by Ministry personnel. Maternities were selected so as to represent both large and small facilities. Certain maternities were excluded from the sample: those closed for cleaning during the study period, those that have a partnerships with U.S. hospitals (and are therefore atypical), those which concentrate on high-risk or unusual cases.

Instrument development: A draft of the survey instrument was brought to the Ukraine. The instrument underwent two days of testing, each day at a different maternity with different clientele and policies. A considerable number of revisions were made. During the supervised field practice included as part of interviewer training, additional minor revisions were made before the instrument was finalized and printed. The final instrument, in both English and Russian, is found in Annex II.

Training: A team of six interviewers -- two from each site -- underwent a 3 1/2 day training (August 18-21) in preparation for the research. All interviewers were female doctors, ranging in age from mid-twenties to mid-thirties. The training session opened with comments by the Deputy Minister of Health, followed by a welcome and remarks on the importance of the research by USAID/Kiev Chief of Project Development Dr. Anne Aarnes. Training content included a review of the research objectives and methodology; technical background on the topic areas covered in the questionnaire; review of the questionnaire; interviewing techniques; coding; and fieldwork logistics. One day of supervised field practice was also included in the training. A training agenda appears as Annex III, and the list of trainees (interviewers) is found in Annex IV. A brief guide on interviewing techniques (Annex V) and one on coding (Annex VI) was prepared and distributed to participants.

It might be noted that this is the first time that such an activity has taken place in the Ukraine and that both the content and style of training were new to the country. Topics such as informed consent, confidentiality, and non-directive interviewing techniques were totally new concepts to trainees. The participatory style of training -- for example, working together as a team, soliciting comments and ideas from participants -- was also new and well received. Trainees were enthusiastic and hard-working.

Data Collection: Data collection began the second week of the visit -- on Monday, August 22 -- and is expected to be completed by August 31. Interviewers were contacted each evening during data collection to check if there were any questions or problems which arose during the day's work. Copies of a sample of completed questionnaires were faxed to Dr. Baume so that any interview or coding problems could

be caught immediately. Dr. Baume's visit ended on August 26, but Dr. Stroot stayed until August 29 and was able to oversee the completion of data collection.

Data entry: Arrangements were made for both quantitative and qualitative data entry to be handled locally, by Mr. Vishnevsky who has an IMB-compatible computer in his home. An EPI Info data entry module already set up to receive data from this questionnaire was brought to Kiev by Dr. Baume. Entered data will be checked against original questionnaires for accuracy. Qualitative data will be entered into Word Perfect and organized so that the sort feature can be utilized.

OTHER

One of the maternities in which the questionnaire testing took place became interested in new information about breastfeeding and ended up wanting to try rooming in. They requested that Drs. Baume and Stroot attend a "launching" ceremony and that Dr. Baume give a presentation on breastfeeding. This was done on the morning of August 25. The Chief of the maternity, Dr. Klaudia Androushnko, requested further assistance with training and with setting up rooming-in and promotion of optimal breastfeeding. She was informed that unfortunately there are no funds for programmatic follow-up at this time. If possible, it would be helpful if at least some of her staff attend the "parallel conference" to be held simultaneously with the main Reproductive Health Conference in October.

COMMENTS ON BREASTFEEDING

During the testing of the instrument and supervised interviews a general picture of breastfeeding practices emerged. Several practices stood out which seriously impede the establishment of lactation. One problem is the delay in beginning breastfeeding; instead of the recommended immediate initiation, it appears that a delay of one to three days is routine. Another problem is separation of mother and infant and scheduled feeds; infants are brought to their mothers only every 3 1/2 hours. The negative effects of scheduling are exacerbated by the fact that mothers are advised to give only one breast at a feed, and to feed for very short periods of time -- only five to fifteen minutes. This means that each breast is suckled only every seven hours for very short periods. Further, there is no night breastfeeding, further limiting suckling time. It is surprising that mothers can maintain an adequate milk supply under these circumstances, and it is no wonder that complaints of insufficient milk are common. Fortunately, it should be possible to rather easily reverse these practices via training of health personnel and a direct public information campaign to parents.

It should also be noted that Mead-Johnson has launched an aggressive formula marketing campaign using tactics which are in direct violation of the WHO International Code of Marketing of Breastmilk Substitutes. Their sales agents have visited maternities in Ukraine and asked doctors to distribute their promotional materials to patients. The materials themselves contain incorrect information about infant feeding. Medical personnel in the Ukraine are unaware of the difference between commercial and public-sector organizations, and tend to accept the information and requests to distribute sales materials uncritically. A letter is being written to the president of Mead-Johnson to bring this situation to his attention.

FOLLOW-UP/NEXT STEPS

- Dr. Baume will be in touch with Mr. Vishnevsky to monitor the progress of data entry.

- Information on contraindications to breastfeeding will be sent to Maternity #2 (their request).

- Certificates will be sent to interviewers indicating that they attended and passed the training course on interviewing.

- One set of questionnaires and a diskette containing entered data will be left with the Ministry of Health and another set will be sent to Dr. Baume at Wellstart. Baume will conduct the data analysis, draft the report, and arrange for translation into Russian. The report will be sent to Dr. Anne Aarnes, Dr. Bogatyreva, and Dr. Stroot for review. Their comments will be incorporated into a final version.

- It is anticipated that Dr. Bogatyreva will present the results of the study at the Reproductive Health conference. Wellstart will work with her to prepare the presentation.

- Copies of the study will be prepared for distribution in both English and Russian.

- Ms. Joyce Warner of Wellstart will arrive in Kiev in early September to continue the on-the-ground preparations for the conference.

ANNEX I

LIST OF CONTACTS

AARNES, Anne
Chief of Project Development
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KOZLIUK Anna Egorovna
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PISSARENKO, Irina Shamilevna
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VERETA Irina Ivanovna
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VISHNEVSKY, Evgueny
Translator
Tel: (044) 559 8292

ANNEX II

RESEARCH INSTRUMENT

MOTHERS' EXIT INTERVIEW FROM MATERNITY – UKRAINE

[ONLY FOR MOTHERS WHO DELIVERED VAGINALLY AND WHOSE INFANTS ARE ALIVE]

Q1: Interviewer _____

Q2: Site/area _____

Q3: Institution: _____

Q4: Respondent number: _____

Q5: ID number

Q6: Date of interview (day/month): _____

Allow me to congratulate you on the birth of your baby, and wish you the best. We are undertaking a survey of women's experience with the health care system in order to inform health care personnel how the system can be improved. We would like to know about your experience regarding delivering your baby, breastfeeding your baby, and your use of family planning. This will help us to provide feedback to improve the health care system and health care staff's interaction with women.

I would like to ask you some personal questions related to your reproductive experience and care. Your answers to these questions will be completely confidential and we will not be asking for any names. We will not be reporting your answers to the staff; we will be summarizing the answers of all Ukrainian women. If there are any questions you prefer not to answer, you are totally free to skip those questions or to end the interview at any time. May I continue?

Q7: Infant date of birth (day/month) _____

Hour of birth [NOTE FOR LATER CALCULATIONS BUT DO NOT CODE]: _____

Q8: Number of other children currently living _____

Q9: Maternal age: _____

I. PERINATAL CARE, DELIVERY, AND BREASTFEEDING

Q10: Were any family members or friends with you during the childbirth/delivery? 0 no 1 yes

Q11: Would you / Do you like to have a family member or a friend with you in the delivery room?
0 no 1 yes 3 not sure

Q12: Would you like to have family and friends be able to visit you in the maternity?
0 no 1 yes 3 not sure

Q13: When your baby was born, was it considered healthy, in a risk group, or was it put in intensive care?
1 healthy 2 risk group 3 intensive care

Q14: Right after birth, was your baby taken somewhere for care or did it remain with you?
1 taken elsewhere 2 kept with mom [GO TO 16]

Q15: After how long was the baby returned to you? _____ [CODE IN HOURS]

Q16: Once you returned to the ward, was your baby mostly kept in a nursury or did s/he stay with you most of the day and night?
1 intensive care 2 in nursury 3 with mom

Q17: During the day, would you prefer that the baby stay with you or in the nursury?
1 with mom 2 nursury

Q18: During the night, would you prefer that the baby stay with you or in the nursury?
1 with mom 2 nursury

Q19: Has this baby been breastfed? 0 no 1 yes [GO TO 21]

Q20: What is the reason the infant was not BF? [GO TO 38]

no milk 1
baby could not suck 2
breast problems 3
mother didn't want to BF 4

Q21: Please think back to when the child was first put to your breast. How much time passed between the birth and the first breastfeed? _____ [CODE IN HOURS]

Q22: Did anyone assist you in putting the infant to the breast for the first time? 0 no 1 yes

Q23: Have you had any problems BF? 0 no [GO TO 32] 1 yes: What?

Q24: insufficient milk ___
Q25: sore/cracked nipples ___
Q26: engorgement ___
Q27: weak/poor quality milk ___
Q28: baby suckles poorly ___
Q29: other:_____ ___

Q30: Did anyone assist you with this problem?
0 no, no one [GO TO 32] 1 yes, medical staff 2 yes, other mother

Q31: Did ____ recommend that you continue or that you stop BF? 1 continue 2 stop

Q32: While in the maternity have you been feeding the baby on a schedule or on demand?
1 schedule 2 demand

Q33: Once you are home, do you plan to feed on a schedule or on demand? 1 schedule 2 demand

Q34: [IF ANSWERS TO Q32 AND Q33 ARE DIFFERENT, ASK:] Why will you change?

_____

Q35: Do you plan to feed the baby during the night? 0 no 1 yes

Q36: How many times has the baby been breastfed in the past 24 hours? _____

Q37: What was the average length of time the baby breastfed at each feed? _____ [CODE IN MINUTES]

Q38: Has the hospital staff given anything to this infant (besides breast milk)?
0 no [GO TO 45] 1 yes 3 DK [GO TO 45]

What?

Q39: water ___
Q40: glucose ___
Q41: formula ___
Q42: donor's milk ___
Q43: other:_____ ___
Q44: DK ___

Q45: Have you given anything to this infant (besides breast milk)? 0 no [GO TO 51] 1 yes
What?

Q46: water ___
Q47: glucose ___
Q48: formula ___
Q49: donor's milk ___
Q50: other:_____ ___

ID

Q51: How long do you plan to BF this infant? _____ [CODE IN MONTHS] — — 5

Q52: [IF MOTHER HAS OTHER CHILDREN] How long did you BF your last child? _____ [CODE IN MONTHS] — — 5

■ [FOR THE FOLLOWING QUESTIONS, WRITE EXACTLY WHAT THE MOTHER SAYS, BUT CODE IN WEEKS. USE 4 WEEKS PER MONTH TO CONVERT "MONTHS" ANSWERS TO WEEKS. CODE 00 IF ANSWER IS LESS THAN ONE WEEK. CODE "DON'T KNOW" AS 77.]

Q53: What do you think is the best age to begin giving water to the infant? _____ DK — 5
Q54: What do you think is the best age to begin giving teas or juices to the infant? _____ DK — 5
Q55: What do you think is the best age to begin giving milks to the infant? _____ DK — 5
Q56: What do you think is the best age to begin giving soft foods to the infant? _____ DK — 5

Q57: Do you think formula is equal to breast milk, better than breast milk, or not as good as breast milk?
1 equal 2 better 3 worse 4 DK — 5

Q58: Did you receive information on BF from health care staff prenatally? 0 no 1 yes — 5
Q59: Did you receive information on BF during your stay here? 0 no 1 yes — 5
[IF BOTH Q58 AND Q59 ARE NO, GO TO 61]

Q60: Can you tell me 3 things you were told about BF by staff?

_____
_____
_____ [60]

Q61: Do you have any worries about BF? 0 no [GO TO 63] 1 yes — 61
Q62: What? _____ [62]

Q63: Is there any information about childbirth or infant feeding and care, that you would like to have?
0 no [GO TO 65] 1 yes — 6

Q64: What? _____
_____
_____ [64]

Q65: Let's say that in the next couple of weeks you have questions about BF. Where would you get answers to those questions?

Q65: doctor or nurse ___ — 6
Q66: mother/M-I-L ___ — 6
Q67: friend/neighbor ___ — 6
Q68: book ___ — 6
Q69: other _____ ___ — 6

Q70: Overall, how would you say you were treated by the health care staff? [WRITE DOWN MOTHER'S OWN WORDS. AFTERWARDS, SAY "SO, WHICH OF THE FOLLOWING WAS YOUR EXPERIENCE?" AND READ OPTIONS.]

_____ staff very compassionate & helpful 1
_____ staff somewhat compassionate & helpful 2
_____ staff neutral; just did job 3 — 70
_____ staff not very compassionate or helpful 4
_____ staff incompassionate 5

Q71: What things could have been done to make your experience in the maternity more pleasant?

_____ [71]
_____ [72]

ID

II. ABORTION

I would like to ask you about your experience with family planning and with having abortions. As you know, many women have had abortions in Ukraine. We want to know women's experience with abortions so that we can assist to improve the provision of family planning and abortion services. I would like to assure you that this information is completely confidential.

Q73: In the past, were you ever pregnant when you did not want to be? 0 no [GO TO 83] 1 yes — 7:

■ We know that women have many abortions, some as many as 15 or 20. Can you tell me how many you have had?

Q74: First, please tell me how many mini-abortions you have had. _____ — 7·

Q75: How many regular abortions have you had? _____ — 7:

Q76: How many miscarriages or spontaneous abortions have you had? _____ — 7l

■ I would like to ask you some questions concerning your experience with abortion. Think back to your most recent abortion.

Q77: Were you given general anesthesia (put to sleep during the procedure)? 0 no 1 yes [GO TO 80] — 7:

Q78: Were you given local anesthesia (when they give you an injection vaginally)? 0 no 1 yes — 7:

Q79: Was the abortion (physically) painful? 0 no 1 yes, somewhat 2 yes, very painful — 7·

Q80: During the procedure, how were you treated by the medical staff? [WRITE DOWN EXACTLY WHAT THE MOTHER SAYS. THEN ASK HER TO CHOOSE THE DESCRIPTION WHICH MOST CLOSELY FITS HER EXPERIENCE.]

_____

_____

_____

staff very compassionate & gentle 1
staff somewhat compassionate & gentle 2
staff neutral; just did job 3 — 80
staff not very compassionate or gentle 4
staff very incompassionate 5

Q81: Did you have problems after the abortion (complications from the abortion)? 0 no [GO TO 83] 1 yes — 81

Q82: Describe:

_____

_____ [82]

_____

ID

III. FAMILY PLANNING

Q83: Have you ever used any methods to avoid getting pregnant? 0 no [GO TO 100] 1 yes

Q84: What method(s) have you used? [DO NOT READ LIST, BUT PROBE, "Anything else?"]

a. IUD	Q84 ___	
b. pills	Q85 ___	
c. diaphragm	Q86 ___	
d. condoms	Q87 ___	
e. BF/LAM	Q88 ___	
f. spermicide/foam	Q89 ___	
g. withdrawal	Q90 ___	
h. periodic abstinence	Q91 ___	
i. other _____	Q92 ___	

Q100: I am going to name some family planning methods. Please tell me which of these methods you might use and which you would NOT use. If you have not heard of the method, just tell me and we will go on to the next one. [READ EACH ITEM IN LIST AND CIRCLE "DK" IF MOTHER DOES NOT KNOW METHOD, "MAYBE" IF MOTHER MIGHT USE, AND "NO" IF MOTHER WOULD NOT USE.]

	DK	Yes/ maybe	No	Harm ful	Unre- liable	Incon- venient	Other
a. IUD	Q100: 7	1	0	Q110	Q120	Q130	Q140 _____
b. pills	Q101: 7	1	0	Q111	Q121	Q131	Q141 _____
c. diaphragm	Q102: 7	1	0	Q112	Q122	Q132	Q142 _____
d. condoms	Q103: 7	1	0	Q113	Q123	Q133	Q143 _____
e. BF/LAM	Q104: 7	1	0	Q114	Q124	Q134	Q144 _____
f. spermicide/foam	Q105: 7	1	0	Q115	Q125	Q135	Q145 _____
g. withdrawal	Q106: 7	1	0	Q116	Q126	Q136	Q146 _____
h. periodic abstinence	Q107: 7	1	0	Q117	Q127	Q137	Q147 _____
i. sterilization (F)	Q108: 7	1	0	Q118	Q128	Q138	Q148 _____
j. sterilization (M)	Q109: 7	1	0	Q119	Q129	Q139	Q149 _____

■ [FOR ANY "No" RESPONSE, ASK] Why would you not use ____? [MARK APPROPRIATE COLUMN ABOVE.]

Q150: Do you feel you have complete enough information in order to make a good choice about family planning methods? 0 no 1 yes

Q151: Do you feel you can talk frankly with the district doctor about family planning? 0 no 1 yes

Q152: How confident are you in the information that the district doctor provides?

DK/never went 0
completely confident 1
somewhat confident 2
somewhat doubtful 3
not confident 4

Q153: What could be done to improve family planning / contraceptive services?

_____

_____

_____

ANNEX III

TRAINING AGENDA

Thursday, August 18

- Introductory Remarks
  Dr. Raisa Bogateyreva, Deputy Minister of Health
  Dr. Anne Aarnes, USAID/Kiev Chief of Project Development
  Dr. Carol Baume, Wellstart Senior Technical Advisor
  Dr. Elena Stroot, Wellstart Consultant

- Introduction to the study

- Technical overview: breastfeeding, family planning, abortion

- Review of the instrument / purpose of each question

Friday, August 19

- Interview techniques

- Role play practice

Saturday, August 20

- Supervised field practice using instrument

Sunday, August 20 (1/2 day)

- Coding instructions and practice

- Logistics

ANNEX IV

INTERVIEW TEAM

STERENBOGEN, Marina	Kiev
BOGOMOLETS, Alexandra	Kiev
SEVASTYANOVA, Tatyana	Donetsk
PETRENKO, Olga	Donetsk
ZABLOTSKA, Irene	Lviv
SHLEMKEVITCH, Olga	Lviv

ANNEX V

INTERVIEW GUIDE

INTERVIEWER GUIDE
Maternity Exit Survey
Ukraine Ministry of Health & Wellstart International
August 1994

SELECTING RESPONDENTS

Sites: The study is being conducted in three sites: the capital city (Kiev), as well as one site in the east (Domezk) and one in the west (Lviv). Approximately 10 maternities will be selected in each site. In Domezk and Lviv about half of the maternities will be from the city and half from outlying rural areas.

Respondents: Respondents must meet three criteria. They must be mothers who:

(1) have delivered vaginally;
(2) have a live infant;
(3) and who are to be discharged from the maternity on the day of the interview or the following day.

Refusals: Be sure to relay information about the purpose of the study, assure confidentiality, and obtain permission to conduct the interview. While we hope that all potential respondents will cooperate, anyone has a right to refuse to answer a particular question, or to refuse to be interviewed altogether.

INTERVIEWING TECHNIQUES

■ Set the mother at ease. Be gentle in your demeanor. You will probably be more educated and more sophisticated than your respondent, so you must be careful not to be intimidating in your manner.

Be pleasant and interested, but **neutral** at all times. This is perhaps the cardinal rule of interviewing: Never indicate the "correctness" or "incorrectness" of an answer or your personal reaction to an answer -- either by verbal response, look, or gesture. You can say "OK" in a neutral tone. Those of you who are doctors or nurses will have to work extra hard to succeed at this, since you are used to giving advice and being in a position of authority. Be aware of your attitude, facial expression, and demeanor to eliminate all judgmental communications or reactions to what has been said.

■ Ask the questions as they are written on the questionnaire. Research has shown that what may appear to be minor wording changes can affect the way that someone responds to a question. The idea is to standardize the way that each respondent is asked the question so as not to introduce bias.

the question, possibly with the preface, "Let me repeat that question." If she still does not understand, you can make some simple clarifications. Be very careful not to suggest a particular answer in your clarification.

■ Sometimes you will need to clarify the mother's answer. If it is too general or ambiguous, you will have to probe for clarification. For example, if you ask "Why did you decide not to breastfeed?" you could get a response something like, "I couldn't do it." You don't know from this response whether the mother didn't have milk or whether she had to go out and work or whether she was ill, etc.

Probing is an art. You must both decide when it is necessary and to know how to do it. For the above example, you can find out what she meant by "I couldn't do it" by saying something like "Could you tell me more about it?" or "What do you mean?"

■ Be careful of the "I don't know" response. Sometimes this is said just because it is a little difficult to give a specific answer, and sometimes it is said because the respondent genuinely does not know. In the former case, you should probe, and in the latter, you leave it at that. For example, when you ask, "How many times did you breastfeed in the last 24 hours?" mother may say "I don't know." What she means here is that she hasn't really thought about it -- not that she really doesn't have any idea. In this case, follow up. "Let's see. It is now noon. Yesterday, between noon and six, how many times did you breastfeed? And from six until...etc."

In contrast, if you asked, "What is the best age to begin giving water?" and a mother said, "I don't know," you would simply code this answer and probe no more. If you do probe, the mother will feel obliged to guess, or will feel self-conscious about not being able to respond.

In general, an answer of "I don't know" to a question about which the respondent should have personal knowledge merits a probe. ("How many times did you give him a bottle yesterday?) If the question concerns information outside of the personal experience of the respondent ("What is Einstein's Theory of Relativity?") or is more like an "exam" question, let "I don't know" rest as the answer.

■ While it will be tempting to use the interview as an occasion to provide correct information to a respondent who is misinformed, as a general rule, you should not do so. The main purpose is to listen, not to teach. (That will come later.) If a mother asks a direct question, you can say, "Let's discuss that when we are finished" and then you can answer her question at that time. If a mother is doing something that is putting herself or her baby in danger, be sure to give her correct information after the interview.

■ When finished with the interview, be sure to thank the mother for her time/assistance -- whatever seems natural for you to say.

■ All information given to you is confidential. Answers may be discussed with your colleagues in connection with coding or other research-related issues.

ANNEX VI

CODING GUIDE

CODING GUIDE
Ukraine Maternity Exit Survey
Ministry of Health / Wellstart
August 1994

INTERVIEWERS

1	Alexandra Bogomolets	Kiev
2	Marina Sterenbogen	Kiev
3	Olga Shlemkevitch	Lvov
4	Irene Zablotska	Lvov
5	Tatyana Sevastyanova	Donetsk
6	Olga Petrenko	Donetsk

SITES

1 Kiev
2 Donetsk
3 Lvov

STANDARD CODES

0 No
1 Yes

For mulitiple response questions:
0 Not mentioned
1 Mentioned

7 Use for a response of "I don't know" <u>only when "don't know" does not have a preassigned code</u>. Use 7 for single digit variable and 77 for double digit variable.

8 Refused to answer. Use 88 if variable is double digit.

9 Legitimate skip (where instructions tell you to skip based on a particular response)

Note: For any responses asking for number of months or weeks that is less than 1, code 00. For example, if mother gives water from birth, code age at which she begins to give water as 00.

PROCEDURE

Indicate your answers on the questionnaire near the question. For single-response questions, circle the answer along with the associated code. For multi-response questions, check the space next to answers mentioned. Write other answers. For example, if mother says she thinks best age to begin giving semi-solids is 3 months, write 3 months by the question, and afterwards during your coding convert the answer to the unit indicated, in this case, weeks. Do not try to make conversions during the interview.

At the end of each day's interviews, convert your answers to codes in the right-hand column. Every coding space must be filled in.

For open-ended questions, WRITE WRITE WRITE! Try to write verbatim what the mother responds. If a mother is particularly interested or especially articulate, spend a few minutes letting her talk and recording her answers. Some mothers will not be especially responsive; others will want you to know more about their experience. If you need extra space, you can continue writing on the back of the questionnaire.

SPECIAL INSTRUCTIONS FOR QUESTIONNAIRE

Q6 When you ask date of birth, you can also ask hour of birth and note it on your questionnaire. It will not be coded, but will be useful when you later ask her when her baby was returned to her and when the first breastfeed was.

Q11 If mother had family member or friend with her in the delivery room, adapt this question to say "Did you like having..." rather than "Would you like to have had..."

Q36 Of course duration of breastfeeding sessions will vary, but help the mother estimate the average amount of time the baby suckles at each feed. If she says, 10-15 minutes, code the average amount: in this case 12.5, coded as 13. (Round up .5 to next integer.)

Q52 Code in months.

Q53-56 If mother gives the response in months, convert to weeks by multiplying by 4. If her answer is a range, for example "3-4 months", calculate the mid-range (3.5 months, or 14 weeks). If mother says she would <u>never</u> give water, milks, etc to a child (even when older), code that answer as 66.

Q100 Remember here that this question intends mainly to find out which methods are not acceptable to the mother and why. The "don't know" response should be marked <u>ONLY when she says she is not familiar with the method</u> -- and therefore cannot make a judgment as to whether she would consider using it. Do not use it when the mother says she does not know if she would use the method. If she says she is not sure whether she would use the method, the code should be in the yes/maybe column.
In this section you will code the first column (Q100-109) only. You will not be entering codes for Q110-Q149.