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INFANT FEEDING STUDY

GUIDELINES FOR DATA ANALYSIS

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INTRODUCTION

This document was prepared to provide a format and guidelines for the analysis of data collected for the Infant Feeding Study, a study of the determinants of infant feeding practices in urban areas in four developing countries (Colombia, Indonesia, Thailand, Kenya). Due to the large quantities of data collected by the research teams in each country, it was determined that the preliminary analysis should focus on the key variables that address the major study hypotheses.

In addition to the preliminary reports on the research findings from teams in each country, the Research Consortium for this project (The Population Council, Columbia University, Cornell University) plans to undertake a comparative analysis of the data along the lines of the study's conceptual framework.*

This document addresses itself to the basic (country-by-country) analysis of the data. It consists of overall suggestions for technical aspects of data analysis followed by discussions of the seven sections of the data analysis with dummy tables and explanatory discussions for each section. The sections are:

A. Demographic information

B. Descriptive information on infant feeding patterns

C. The relationship of health services to infant feeding patterns

D. The relationship of maternal employment to infant feeding patterns

E. The relationship of other maternal characteristics and attitudes to infant feeding patterns

F. The relationship of biomedical factors to infant feeding patterns

G. The relationship of consumer behavior to infant feeding patterns

*See Laukaran, V.H.L., et al., "Research on Determinants of Infant Feeding Practices: A Conceptual Framework," The Population Council, International Programs Working Paper No. 15, Novemebr 1981.

I. TECHNICAL ASPECTS OF DATA ANALYSIS

A. Categories for coding

The data entry process should be handled so that categories within variables are not collapsed. This will avoid undesirable loss of data. For example, if time of first breastfeeding is reported in hours and days, the data should be entered as both hours and days rather than converting anything less than 24 hours into a single "less-than-one-day" (collapsed) category. The data coding and entry will then preserve the maximum amount of reported data and avoid the problem of having to go back to original questionnaires to recapture uncoded data.

Coding of age data presents certain problems in the classification of date of birth in relationship to date of interview. The best way to do this in order to avoid problems with differences in numbers of days per month (30 or 31) is to classify any child born on a particular date, for example the 15 of January, as starting the second month of life on the anniversary of the birthdate, that is the 15 of February. Any child born on the 31st of the month is classified as having a birthdate on the first of the following month. For interviews at the end of February and the beginning of March, another problem arises. Since February has only 28 days, babies born on the 29, 30, and 31 of January (or preceeding months) must be classified as completing a month of life (or an additional month) on March 1.

For data analysis by age of infant, it is probably a good idea to begin by examining the data on a month by month basis; however, in presenting the data it will probably be necessary to collapse the data into two or three-month age intervals in order to avoid having tables which are 12 columns wide and very difficult to read. For the dummy tables included

here, two-month and three-month intervals have been used depending on the number of variables used in the cross tabulations and the importance of narrow age distinctions. The first age grouping category, 0-1 month, is intended to include data on children from the first day of life through the completion of the second month as described above. The succeeding categories are 2-3, 4-5, 6-7, 8-9, 10-11 months. The categories thus include children until the completion of the 12th month of life. These can be expanded to include the second year of life, however, the smaller sample size within each age category may require collapsing categories for some aspects of the analysis.

B. Socioeconomic Status

Examining possible associations between socioeconomic status and infant feeding patterns within and between countries is an important dimension of this analysis. It may, however, be difficult to create measures of socioeconomic status that provide valid indicators of meaningful differences between the groups examined. For purposes of analysis, it is probably a good idea to consider several variables as proxy measures and proceed with these analyses separately. In this way different socioeconomic indicators are examined as independent variables against the various infant feeding patterns. The various proxy measures that deserve attention are: (1) maternal education, (2) maternal occupation, (3) paternal occupation, (4) paternal education, (5) household income, (6) consumer durables (as an indicator of wealth), (7) household facilities, and (8) monthly family food expenditures.* For purposes of examining socioeconomic status as a control variable, we favor a ranking of occupations. It will be at the discretion of individual countries to create categories and rankings appropriate to their samples.

*It would also be interesting to examine the relationship of occupation or total income to monthly food expenditure.

C. Scaling

In each country, several questions were included in the questionnaires which are open-ended. In establishing categories for coding these items, it would be a good idea to begin by reviewing the responses on a set of about a hundred questionnaires, listing the responses and hand-tabulating them. These responses can then be used to set up coding categories. The guiding principle in the coding should be to avoid grouping different responses together in such a way that they cannot be analyzed separately if desired. It is always possible to create new variables by grouping the data but it is necessary to go back to the questionnaire to differentiate categories if they are grouped during coding.

The same principle applies for coding responses marked in the "other" category. Prior to coding the data, these responses should be reviewed in order to determine if any particular response (unforeseen and therefore not represented in the fixed response set for that particular question) occurs with enough frequency to warrant the addition of a category to the original response set.

D. Rural/urban categories

The classification of women as rural migrants to the city presents several problems. In Indonesia and Thailand, where women were asked what city, town or province they lived in prior to coming to Semarang or Bangkok, a list of towns and cities should be acquired from government or other sources in order to code according to a minimum population size for cities and towns. Then places that do not fit the city or town criteria would be coded as rural localities. In Colombia and Kenya, the decision of rural/urban residence must be accepted as reported by respondents.

If available, duration of residence and/or mother's place of birth can also be analyzed. For the purpose of the dummy tables the term "place of origin" is used because of the variability of definitions among sites.

E. Lifetable Analysis

Further analysis of infant feeding data using the lifetable method is not included in the dummy tables given here. During the data analysis meetings in New York in November this aspect of the data analysis can be completed together with other forms of multivariate analysis.

F. Format for data tapes

The Consortium will be using data tapes from all four countries for the comparative analysis. In order to be compatible with our computer system, the tapes should meet the following specifications. Where two alternatives are given, the preferred alternative is marked with an asterisk (*).

9-track

800* or 1600 bpi

EBCDIC* or ASCII

No labels* or standard labels

Fixed record length

Blocksize $<$10,000 (preferrably $\sim$8,000) MUST BE AN EVEN NUMBER.

Odd parity

II. SUGGESTED GUIDELINES FOR DATA ANALYSIS

A. DEMOGRAPHIC INFORMATION

The purpose of this section of the analysis is to describe and characterize the sample according to factors which may be related to infant feeding and to provide an overview of the independent variables which are to be considered as possible determinants of infant feeding practices. This section can also be used to compare the sample with each of the other 3 sites and to previous surveys or census data in order to validate the representativeness of the sample. The tables suggested here are illustrative and should be expanded or adapted to include any other information which may be helpful in describing the sample. The categories given in these tables have been generalized. Not all possibilities exist in all countries (e.g. ethnicity), even on the most basic demographic variables. Following are some specific comments on the presentation and analysis of specific variables:

In order to describe mother's and father's education, it may be useful to include not only years of schooling but degree attainment (where applicable). This could also be done in a footnote.

Additional variables on the employment status of the mother might include whether the woman is currently on leave from a job she intends to return to or is currently working. In some sites the question was phrased "do you currently work outside the home" while in other sites the question was asked "are you doing anything to earn money." This question was followed by questions asking whether the income generating activity was performed inside or outside the home. Several employment variables could be included in the basic descriptive tables.

Table A-1: Characteristics of Index Mother

Age in Years

<20
20-24
25-30
30-34
35+

Parity

1
2
3-4
5+

Place of Origin

Rural
Urban

Literacy

No
Yes

Years of School Completed

(categories to be determined)

Current Employment Status

Not Employed outside the home

Employed outside the home

Table A-2: Household Characteristics

Approximate Monthly Income (if available)

Mean Number of
Household Residents

Children (< 16 yrs.)
Adults

Source of Water*

In home
Pipe, outside house
Pipe, off property
Well
River/Stream
Lake
Purchased

Cooking Facilities*

Electric Stove
Natural Gas
Fuel Stove
Wood/Charcoal
Paraffin
None

Refrigeration

No
Yes

Electricity

No
Yes

Bathroom Facilities

None
Latrine
Flush Toilet

Household Possessions

Bicycle
Radio
Television
Car
Washing Machine

* May not be mutually exclusive, i.e. obtain water from more than one source

Table A-3: Infant Characteristics

Percentage of child deaths*

CHARACTERISTICS OF SURVIVING INDEX CHILDREN

Sex

Female
Male

Age (one month intervals)

Place of Birth

Own Home
Midwife's Home
Public Clinic/Hospital
Private Clinic/Hospital

Ever Breastfed

No
Yes

Currently Receiving Breastmilk

No
Yes

Hospitalized Since Birth

No
Yes

Distribution of Weight for Age

60%
60-75%
75-90%
90-110%
110%

*Any mother who had given birth to a living child during the 12 (24) months prior to interview was eligible for the study population.

B. INFANT FEEDING PRACTICES

The purpose of this section is to describe infant feeding patterns in each population. Taking into account the variability in age groups included in the sample (0-12 months in Colombia and Thailand and 0-24 months in Indonesia and Kenya) and the variability in feeding patterns which can be anticipated among the four countries, it is difficult to make specific suggestions for data analysis which will be appropriate for all four countries. The dummy tables presented here are designed to produce an overall picture of infant feeding patterns at the same time providing a basis for the analysis in each country as deemed appropriate.

At the first level, the descriptive information on infant feeding patterns should consist of a picture of current feeding categories for each month of life. The succeeding tables address themselves to the initiation of breastfeeding, timing of the introduction of breastmilk substitutes and type of substitutes or semi-solids (whichever comes first), the timing and type of introduction of other foods, the weaning interval and the 24-hour food frequencies.

Additional data, not given here, could focus on early patterns of feeding if use of substitutes and supplements is common during the first three months of life. Examination and analysis of the early runs of these data should suggest other ways to present the feeding data; for instance, a focus on frequent and/or undesirable patterns which may have a bearing on infant feeding policy. Observed patterns of infant feeding should be compared to accepted standards in order to apply the results to infant feeding policy. Consortium staff would be happy to review early runs of these or any other data in order to provide suggestions on approaches to further analysis.

Table B-1: Percentage Distribution Of Type Of Feeding By Age Of Infant

Age (in months)	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes and Food Supplments	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements

Table B-2: Proportion Initiating Breastfeeding[a]

Time of first breastfeeding	
Never	%
0-12 hours	
12-24 hours	
24-48 hours	
3-4 days	
5-6 days	
>7 days	
	100%
	( )

[a]Breastfeeding here is defined as breastfeeding of any duration.

Table B-3: Age at First Introduction of Supplementary Food or Breastmilk Substitutes by Type of Supplement

Age at First Introduction (in months)	All	Formula	Other Milks	Semi-Solids
0-1				
2-3				
4-5				
6-7				
8-9				
10-11				
TOTAL*	(n= %)			

* This table is limited to babies already receiving formula, milk or foods other than breastmilk

Table B-4: Age at First Introduction of Food Supplements

Age at First Introduction (in months)	Type of Food					
	All	_____	_____	_____	_____	Total
0-1						100% (n=)
2-3						
4-5						
6-7						
8-9						
10-11						
TOTAL*						

* Percentages do not total to 100% because ___% of infants in the sample were exclusively breastfed at the time of the interview.

Animal milks and fruit juices should be excluded. Type of food to be determined according to the most frequent foods reported.

Table B-5: Weaning Interval by Type of First Supplementation*

Weaning Interval (in months)	Type of First Supplementation: Formula or Other Milk	Semi-Solids or Solid Foods	Total
0-1			%
2-3			
4-5			
6-7			
8-9			
10-11			%
Has not yet been weaned			100% (n=)

* Weaning interval is defined as the period from the first point in time when breastmilk substitutes or foods are first given to the point when breastfeeding ceases.

Table B-6: Percentage Distribution of Weaning Substitutes or Supplementary Foods

Age at First Supplementation (in months)	Not Yet Weaned	Weaning Interval (in months) 0-1	2-3	4-5	6-7	8-9
0-1						100%
2-3						100%
4-5						
6-7						
8-9						
10-11						

NOTE: Age = Rows
Weaning Interval = Columns

Table B-7: Percentage Distribution of Weaning Interva. by Age at First Supplementation*

Weaning Interval (in months)	Age at First Supplementation (in months) 0-1	2-3	4-5	6-7	8-9	10-11
Not yet Weaned						
0-1						
2-3						
4-5						
6-7						
8-9						
10-11						
	100%	100%				

* Only mothers who have initiated supplementation are included in this table. Weaning interval is defined as the period from the first point in time when breastmilk substitutes and/or foods are first given to the point when breastfeeding ceases. It would probably also be a good idea to calculate this table separately for infants who first receive breastmilk substitutes and for those who receive semi-solid foods first.

Table B-8: Foods Consumed by Infants in the Previous 24 Hours by Age of Infant.

Foods Consumed	Age of Infant (in months)					
	0-1 %	2-3 %	4-5 %	6-7 %	8-9 %	10-11 %
Vegetables						
Cereal						
Commercial Cereal						
Meat						
Eggs						
Cheese						
Fish						
Fruit						
Milk Supplements (possibly list by different characteristics)						
Glucose Water						
Fruit Juice						
Soda						
Candy						

This table should be set up for separate age categories for infants, however appropriately defined. A useful program for Multiple Response can be found in SPSS, Release 7.

Further elaboration for this table might include breakdowns by the sex of the infant, by three milk feeding categories (exclusive breastfeeding, mixed feeding, and exclusive breastmilk substitute).

C. INFLUENCE OF HEALTH SERVICES ON INFANT FEEDING PRACTICES

The purpose of this section of the analysis is to begin to address the relationship of health services to infant feeding patterns. The major hypotheses of this aspect of the study are stated below. Additional country-specific hypotheses can be developed and tested using the survey data which have been collected on this topic.

- 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 maternity 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.

- Mothers who are exposed to health facility practices which provide information and support for breastfeeding 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 earlier and introduce breast milk substitutes.

The questions addressed in the first two hypotheses compare the effect of modern and traditional health services on infant feeding practices. These issues are primarily of interest in Indonesia and Kenya where a high proportion of births occur outside of hospitals and are attended by traditional birth attendants or family members. Tables C-1 through C-2 analyze type of maternity care, "traditional or modern", in relationship to feeding patterns by age of child, time of first breastfeeding, age of introduction of breastmilk substitutes, age of introduction of food supplements, and age of weaning.*

* The specific criteria for "traditional" and "modern" maternity care should be developed in each study site.

Table C-3 analyzes the sources of feeding advice in relationship to various feeding outcomes. Table C-4 analyzes the relationship of type of maternity care to supplementary feeding. A similar table could be used to compare supplementary feeding patterns of women who receive free formula samples to those who do not. Consideration should be given to the possibility that relationships between type of maternity care and supplementary feeding operate through distribution of free formula samples.

Table C-1: Percentage Distribution of Type of Feeding by Age of Infant and Type of Maternity Care

Traditional (T) or Modern (M)

Age (in months)	Breastmilk Only		Breastmilk and Breastmilk Substitutes		Breastmilk Substitutes Only		Breastmilk, Breastmilk Substitutes, and Food Supplements		Breastmilk and Food Supplements		Food Supplements Only		Breastmilk Substitutes and Food Supplements	
	T	M	T	M	T	M	T	M	T	M	T	M	T	M
Monthly intervals														
0-1														
2-3														
4-6														
7-9														
10-12														
(Extend to 24 months in Kenya and Indonesia)														
	100% (n=)													

TABLE C-2: Proportion Breastfeeding, Mean Duration of Breastfeeding, Mean Age at Introduction of Breastmilk Substitutes and Food Supplements and Mean Weaning Interval by Maternity Case Practices and Policies

	% Attempting Breastfeeding	% initiating breastfeeding[1]	Mean duration of breastfeeding (in months)	Percentage and mean age of introduction of breastmilk substitutes[2] (in months)	Percentage and mean age of introduction of food supplements[3] (in months)	Percentage weaned and mean weaning interval[4] (in months)
Time of first breastfeeding[5]						
0-12 hours						
12-24 hours						
24-48 hours						
3-6 days						
≥ 7 days						
Type of Delivery						
Home						
Hospital/Vaginal						
Hospital/Caesarian						
Receipt of Formula Sample During First Six Weeks						
Yes						
No						
Type of Care						
Traditional						
Modern						
Early Separation of Mother and Infant						
Yes						
No						

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.
2. Only those infants who have received breastmilk substitutes are included; percentages within categories in parentheses (for example Among women currently employed in an income generating activity, the percentage in parentheses represents the percent that have fed their infants breastmilk substitutes.
3. Only those infants who have received food supplements are included, percentages within categories in parentheses.
4. Only those infants who have been weaned are included, percentages within categories in parentheses.
5. Percent attempting breastfeeding includes all mothers who ever tried to breastfeed the index child.

C-3: Infant Feeding Patterns by Mother's Report of Source of Advice on Infant Feeding

I. Infant's Age at First Breastfeeding	Source of Advice* Physician	Midwife/Nurse	TBA	Relative	Neighbour/ Friend
Never					
0-12 hours					
12-24 hours					
24-48 hours					
3-4 days					
5-6 days					
> 7 days					
	100% (n=)	100% (n=)	100% (n=)	100% (n=)	100% (n=)
II. Percentage Distribution of Age at First Introduction of Breastmilk Substitutes					
0-1					
2-3					
4-5					
6-7					
8-9					
10-11					
12-13					
Not yet introduced					
	100% (n=)	100% (n=)	100% (n=)	100% (n=)	100% (n=)

Table C-3: Infant Feeding Patterns by Mother's Report of Source of Advice on Infant Feeding (CONT.)

III. Age at First Introduction of Food Supplements	Physician	Midwife/Nurse	TBA	Relative	Neighbor/ Friend
0-1					
2-3					
4-5					
6-7					
8-9					
10-11					
12-13					
Not yet introduced					
	(n=100%)	(n=100%)	(n=100%)	(n=100%)	(n=100%)

IV. Percentage Distribution of Age at Weaning*					
Never breastfed					
0-1					
2-3					
4-5					
6-7					
8-9					
10-11					
12-13					
Not yet weaned					
	100% (n=)	100% (n=)	100% (n=)	100% (n=)	100% (n=)

* Categorization of Independent Variable will have to be country-specific, including "none"

Table C-4: Age of Introduction and Type of Supplementary Food or Breastmilk Substitute First Introduced by Type of Maternity Care*

	Traditional		Modern	
Age at Introduction (in months)	Formula or Other Milk	Semi-Solid or Solid Foods	Formula or Other Milk	Semi-Solid or Other Foods
Non-Breastmilk Foods not yet Introduced				
0-1				
2-3				
4-5				
6-7				
8-9				
10-11				
12-13				

*Similar tables can be used to compare women receiving free formula samples to those who did not receive samples.

D. THE RELATIONSHIP OF WOMEN'S EMPLOYMENT TO INFANT FEEDING PRACTICES

This section of the analysis considers both the participation of women in the labor force, the location of work (at home or away from home) and specific characteristics of work such as travel time to work, work hours, child care and current work status as they may relate to infant feeding patterns. Table D-1 analyzes current employment status by feeding pattern and age of infant. Table D-2 begins to evaluate the characteristics of employment in relationship to the initiation of breastfeeding, duration of breastfeeding and use of breastmilk substitutes and supplements and weaning interval. Categories for travel time to work, work hours and type of child care should be designed for each site separately. This table is based on retrospective reporting from mothers who have already initiated breastfeeding, weaned their babies, or introduced substitutes or supplements. It differs from Table D-2 in that D-1 is based on the current feeding category of each child according to age at the time of interview and is therefore cross-sectional data rather than retrospective as is the case for D-2. The two types of data can be used in a complementary fashion throughout the analysis and juxtaposed in order to provide a quasilongitudinal view of infant feeding practices and to allow comparisons of the results when the two types of dependent variables are analyzed in relationship to the same independent variables.

In the first examination of the role of women's labor force participation on infant feeding practices, consideration should be given to the number and percentage of women employed outside the home among mothers of

young infants. Numbers who are employed may be so small as to make further analysis difficult. If so, this is of note.

If the number is large enough to permit analysis, however, there may be differences between this group, however small, and the mothers who are not employed outside the home. Table D-2 also analyzes the specific factors which may mediate any observed differences, such as work hours, travel time and child care. It may also be useful and important to compare feeding patterns among women working away from home according to their type of work or occupation, e.g. manual labor, domestic service, clerical work, street vendor, etc.

The following hypotheses are addressed in this section of the analysis.

- Paid labor force participation outside the home increases the probability of early use of breastmilk 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.

Tables D-4 and D-5 introduce the additional variables of infant feeding advice and maternal attitudes toward breastfeeding. Table D-6 adds another maternal attitude variable, awareness of superiority of breastfeeding. Tables D-7 and D-8 add receipt of formula samples and formula feeds given in the hospital. Table D-9 analyzes the proportion of women breastfeeding by time away from home and age of infant among women currently employed outside the home.

Table D-1: Percentage Distribution of Type of Feeding, by Mothers Current Employment Status and Age of Infant

Current Employment Status	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes, and Food Supplements	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements
Infants Age 0-3 Months							
Income Generating Activity Outside the Home							
Income Generating Activity Inside the Home							
No Income Generating Activity							
Infants Age 4-6 Months							
Income Generating Activity Outside the Home							
Income Generating Activity Inside the Home							
No Income Generating Activity							
Infants Age 7-9 Months							
Income Generating Activity Outside the Home							
Income Generating Activity Inside the Home							
No Income Generating Activity							
Infants Age 10-12 Months							
Income Generating Activity Outside the Home							
Income Generating Activity Inside the Home							
No Income Generating Activity							

TABLE 8-21 Proportion Breastfeeding, Mean Duration of Breastfeeding, Mean Age at Introduction of Breastmilk Substitutes and Food Supplements & Mean Weaning Interval by Select Women's Employment Variables

Employment characteristics	% initiating breastfeeding[1]	Mean duration of breastfeeding (in months)	Percentage and mean age of introduction of breastmilk substitutes[2] (in months)	Percentage and mean age of introduction of food supplements[3] (in months)	Percentage weaned and mean weaning interval[4] (in months)
Income Generating Activity					
Income generating activity outside the home	% (n=)				
Income generating activity inside the home					
Not engaged in income generating activity					
Current Work Status					
Currently employed in income generating activity	% (n=)		(%)	(%)	(%)
Employed before birth but not currently employed in income generating activity					
With plans to return	% (n= %)				
With no plans to return	(n=)				
Not employed before birth and not currently employed	% (n=)				
Travel Time to Work[5]					
Short	% (n=)				
Long	(n= %)				
Work Hours[6]					
Part-day	% (n=)				
Full-day	(n= %)				
Child Care[7]	% (n=)				

Footnotes

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.
2. Only those infants who have received breastmilk substitutes are included; percentages within employment categories in parentheses (for example: Among women currently employed in an income generating activity, the percentage in parantheses represents the percent that have fed their infants breastmilk substitutes.
3. Only those infants who have received food supplements are included, percentages within employment categories in parentheses.
4. Only those infants who have been weaned are included, percentages within employment categories in parantheses.
5. Only those women employed in an income generating activity away from home are included.
6. Only those women employed in an income generating activity are included.
7. Only those women employed outside the home are included, categories to be determined by each country.

D-3: Foods Given to the Infant During the 24 Hours Prior to the Survey by Mother's Current Employment Status, Infants Aged ____ to ____ months.

Foods	Income Generating Activity Outside the Home	Income Generating Activity Inside the Home	No Income Generating Activity
	100% (n=)	100% (n=)	100% (n=)

D-4: Proportion Breastfeeding by Age of Infant, Mother's Current Employment Status, and Report of Maternity Care Advice Supportive of Breastfeeding.[1]

Age of Infant (in months)	Income Generating Activity Outside the Home		Income Generating Activity Inside the Home		No Income Generating Activity	
	Supportive Advice	No Supportive Advice	Supportive Advice	No Supportive Advice	Supportive Advice	No Supportive Advice
0-1	% (n=)	% (n=)	% (n=)	% (n=)	% (n=)	% (n=)
2-3						
4-5						
6-7						
8-9						
10-11						

[1] Breastfeeding may or may not be exclusive of breastmilk substitutes or food supplements.

D-5: Proportion Breastfeeding by Age of Infant, Mother's Current Employment Status, and Maternal Attitude Toward Breastfeeding.[1]

Age of Infant (in months)	Income Generating Activity Outside the Home		Income Generating Activity Inside the Home		No Income Generating Activity	
	Maternal Attitude		Maternal Attitude		Maternal Attitude	
	Positive	Negative	Positive	Negative	Positive	Negative
0-1	(n= %)	(n= %)	(n= %)		(n= %)	(n= %)
2-3						
4-5						
6-7						
8-9						
10-11						

[1] Breastfeeding may or may not be exclusive of breastmilk substitutes or food supplements.

Table D-6: Proportion Breastfeeding by Age of Infant, Mother's Current Employment Status, and Maternal Knowledge of Superiority of Breastfeeding.[1]

Age of Infant (in months)	Income Generating Activity Outside the Home		Income Generating Activity Inside the Home		No Income Generating Activity	
	Aware of Superiority	Unaware of Superiority	Aware of Superiority	Unaware of Superiority	Aware of Superiority	Unaware of Superiority
0-1	% (n=)	% (n=)	% (n=)	% (n=)	% (n=)	% (n=)
2-3						
4-5						
6-7						
8-9						
10-11						

[1]Breastfeeding may or may not be exclusive of breastmilk substitutes or food supplements.

Table D-7: Proportion Breastfeeding by Age of Infant, Mother's Current Employment Status, and Receipt of Discharge Sample Packets of Formula.[1]

Age of Infant (in months)	Income Generating Activity Outside the Home		Income Generating Activity Inside the Home		No Income Generating Activity	
	Received free Formula %	Did not receive Free Formula %	Received free Formula %	Did not receive Free Formula %	Received free Formula %	Did not receive Free Formula %
0-1	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)
2-3						
4-5						
6-7						
8-9						
10-11						

[1]Breastfeeding may or may not be exclusive of breastmilk substitutes or food supplements.

Table D-8: Proportion Breastfeeding by Age of Infant, Mother's Current Employment Status and In-Hospital Use of Formula.[1]

Age of Infant (in months)	Income Generating Activity Outside the Home		Income Generating Activity Inside the Home		No Income Generating Activity	
	Fed Formula In Hospital	Not Fed Formula In Hospital	Fed Formula In Hospital	Not Fed Formula In Hospital	Fed Formula In Hospital	Not Fed Formula In Hospital
0-1	% (n=)	% (n=)	% (n=)	% (n=)	% (n=)	% (n=)
2-3						
4-5						
5-6						
7-8						
8-9						
10-11						

[1]Breastfeeding may or may not be exclusive of breastmilk substitutes or food supplements.

D-9: Proportion Breastfeeding[1] Among Women Currently Engaged in Income Generating Activity Outside the Home by Age of Child and Time Away from Home[2]

Age of Infant (in months)	Time Away From Home		
	Low	Medium	High
0-1	% (n=)	% (n=)	% (n=)
2-3			
4-5			
6-7			
8-9			
10-11			

[1]Breastfeeding may or may not be exclusive of breastmilk substitutes or food supplements.

[2]Time away from home to be determined by the sum of work time and travel time to and from work.

NOTE: Travel time to work can also be analyzed using this approach.

E. RELATIONSHIP OF MATERNAL CHARACTERISTICS AND ATTITUDES TO INFANT FEEDING PRACTICES

This section includes some preliminary tables for the analysis of data on maternal characteristics and attitudes. It does not explore the full range of information on maternal knowledge and attitudes but attempts to provide a simple format for inclusion of maternal variables into the analysis. Because of the considerable variability in the questionnaire content on maternal attitudes, a separate analysis will have to be planned for each country.

Table E-1 considers maternal variables such as education, age, parity, and previous breastfeeding in relationship to several infant feeding variables. It also includes a single variable on maternal knowledge of the superiority of breastfeeding and a single variable on maternal attitude toward breastfeeding (positive or negative). These variables should be created after careful consideration of the available indicators in each questionnaire.

Tables E-2 and E-3 give further consideration to the relationship of parity to feeding pattern. Tables E-4 and E-5 analyze the relationship of previous breastfeeding experience to feeding patterns. The relationship of the awareness of the superiority of breastfeeding to feeding pattern is considered in Tables E-6 and E-7. Awareness of the superiority of breastfeeding is further explored in relationship to education of mother, age of mother, and her rural or urban origin in Tables E-8 through E-11.

Table E-1: Proportion Breastfeeding, Mean Duration of Breastfeeding, Mean Age at Introduction of Breastmilk Substitutes and Food Supplements, Mean Weaning Interval by Select Maternal Characteristics

	% initiating Breastfeeding[1]	Mean Duration of Breastfeeding (in months)	Percentage and Mean Age of Introduction of Breastmilk Substitutes[2] (in months)	Percentage and Mean Age of Introduction of of Food Supplements[3] (in months)	Percentage Weaned and Mean Weaning Interval[4] (in months)
Education of Mother					
low	% (n=)	(%)	(%)	(%)	(%)
medium					
high					
Age of Mother					
low					
medium					
high					
Parity					
Primiparous					
1-4					
5+					
Previous Breastfeeding					
none					
yes					
Attitude towards Breastfeeding					
positive					
negative					
Knowledge of Superiority of Breastfeeding					
yes					
no					

Footnotes

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.
2. Only those infants who have received breastmilk substitutes are included; percentages within categories in parentheses.
3. Only those infants who have received food supplements are included, percentages within categ ries in parentheses.
4. Only those infants who have been weaned are included, percentages within categories in parentheses.

N.B. This table can be done with whatever attitudinal variables are available in the different countries.

Table E-2: Type of Feeding by Age of Child by Parity

Age of Infant	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes and Food Supplements	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements
0-3 mths							
Primiparous							
1-4							
5+							
4-6 mths							
Primiparous							
1-4							
5+							
7-9 mths							
Primiparous							
1-4							
5+							
9-12 mths							
Primiparous							
1-4							
5+							

N.B. This table can be done with whatever attitudinal variables are available in the different countries.

E-3: Proportion Breastfeeding, Mean Duration of Breastfeeding, Mean Age at Introduction of Breastmilk Substitutes and Food Supplements and Mean Weaning Interval by Age of Infant and Parity

	% initiating breastfeeding[1]	Mean duration of breastfeeding (in months)	Percentage and mean age of introduction of breastmilk substitutes[2] (in months)	Percentage and mean age of introduction of food supplements[3] (in months)	Percentage weaned and mean weaning interval[4] (in months)
Age of Infant					
0-3 months					
Primiparous					
1-4					
5+					
4-6 months					
Primiparous					
1-4					
5+					
7-9 months					
Primiparous					
1-4					
5+					
9-12 months					
Primiparous					
1-4					
5+					

Footnotes

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.
2. Only those infants who have received breastmilk substitutes are included; percentages within categories in parentheses.
3. Only those infants who have received food supplements are included, percentages within categories in parentheses.
4. Only those infants who have been weaned are included, percentages within categories in parentheses.

N.B. This table can be done with whatever attitudinal variables are available in the different countries.

E-4: Type of Feeding By Age of Child By Previous Breastfeeding[1]

	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes and Food Supplments	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements
Age of Infant							
0-3 months							
Previous Breastfeeding							
No Previous Breastfeeding							
4-6 months							
Previous Breastfeeding							
No Previous Breastfeeding							
7-9 months							
Previous Breastfeeding							
No Previous Breastfeeding							
10-12 months							
Previous Breastfeeding							
No Previous Breastfeeding							

1. Only Multiparous women are represented in this table.

E-5: Proportion Breastfeeding, Mean Duration of Breastfeeding, Mean Age at Introduction of Breastmilk Substitutes and Food Supplements and Mean Weaning Interval by Age of Infant and Previous Breastfeeding

	% initiating breastfeeding[1]	Mean duration of breastfeeding (in months)	Percentage and mean age of introduction of breastmilk substitutes[2] (in months)	Percentage and mean age of introduction of food supplements[3] (in months)	Percentage weaned and mean weaning interval[4] (in months)
Age of Infant					
0-3 months					
Previous Breastfeeding					
No Previous Breastfeeding					
4-6 months					
Previous Breastfeeding					
No Previous Breastfeeding					
7-9 months					
Previous Breastfeeding					
No Previous Breastfeeding					
10-12 months					
Previous Breastfeeding					
No Previous Breastfeeding					

Footnotes

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.

1a. Only multiparous women are represented in this table.

2. Only those infants who have received breastmilk substitutes are included; percentages within categories in parentheses.

3. Only those infants who have received food supplements are included, percentages within categories in parentheses.

4. Only those infants who have been weaned are included, percentages within categories in parentheses.

E-6: Type of Feeding by Age of Infant and Awareness of Superiority of Breastfeeding

	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes and Food Supplments	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements
Age of Infant							
0-3 months							
Aware of Superiority							100% (n=)
Unaware of Superiority							100% (n=)
4-6 months							
Aware of Superiority							
Unaware of Superiority							
7-9 months							
Aware of Superiority							
Unaware of Superiority							
10-12 months							
Aware of Superiority							
Unaware of Superiority							

E-7: Proportion Breastfeeding, Mean Duration of Breastfeeding, Mean Age at Introduction of Breastmilk Substitutes and Food Supplements and Mean Weaning Interval by Age of Infant and Awareness of Superiority of Breastfeeding

	% initiating breastfeeding[1]	Mean duration of breastfeeding (in months)	Percentage and mean age of introduction of breastmilk substitutes[2] (in months)	Percentage and mean age of introduction of food supplements[3] (in months)	Percentage weaned and mean weaning interval[4] (in months)
Age of Infant					
0-3 months					
Aware of Superiority					
Unaware of Superiority					
4-6 months					
Aware of Superiority					
Unaware of Superiority					
7-9 months					
Aware of Superiority					
Unaware of Superiority					
10-12 months					
Aware of Superiority					
Unaware of Superiority					

Footnotes

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.
2. Only those infants who have received breastmilk substitutes are included; percentages within categories in parentheses.
3. Only those infants who have received food supplements are included, percentages within categories in parentheses.
4. Only those infants who have been weaned are included, percentages within categories in parentheses.

E-8: Awareness of Superiority of Breastfeeding by Mother's Education

Awareness of Superiority of Breastfeeding	Education of Mother			
Aware				
Unaware				
	100% (n=)	100% (n=)	100% (n=)	100% (n=)

E-9: Awareness of Superiority of Breastfeeding by Mother's Age

Awareness of the Superiority of Breastfeeding	Age *		
Aware			
Unaware			
	100% (n=)	100% (n=)	100% (n=)

* Age groups to be determined.

E-10: Awareness of Superiority of Breastfeeding by Type of Maternity Care

Awareness of the Superiority of Breastfeeding	Type of Maternity Care		
	Modern	Traditional	None
Aware			
Unaware			
	100% (n=)	100% (n=)	100% (n=)

E-11: Awareness of Superiority of Breastfeeding by Rural or Urban Origin*

Awareness of Superiority of Breastfeeding	Maternal Place of Origin	
	Rural	Urban
Aware		
Unaware		
	100% (n=)	

* This table can also be done by length of maternal urban residence or maternal birth place.

F. THE RELATIONSHIP OF BIOMEDICAL FACTORS TO INFANT FEEDING PRACTICES

This section of the data analysis is designed to provide a basic overview of certain biomedical data and their relationship to infant feeding practices. Tables F-1 and F-2 are designed to explore the relationship of such variables as morbidity associated with breastfeeding, insufficient milk, baby refusing the breast and having an unusually fussy baby as well as use of combined oral contraceptives to infant feeding practices. In Table F-3 the relationship of these factors to place of birth is analyzed. For the last set of tables included here, infant feeding practices are independent variables in order to determine their effect on nutritional status, hospitalizations and morbidity of the infant. Feeding practices are presented according to sex of child, nutritional status, hospitalizations and morbidity in Tables F-4 and F-5. The relationship of frequency of breastfeeding to age of the infant and to prevalence of maternal morbidity are considered in Table F-6 and F-7. Many other analyses of these variables are possible and encouraged according to the interests of investigators in each country and according to local policy options which might be proposed to improve infant feeding practices.

Table F-1: Prevalence of Problems Associated with Breastfeeding and Use of Hormonal Contraceptives by Feeding Pattern among Infants 0-3 Months of Age[a]

	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes, and Food Supplements	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements
Morbidity Associated with Lactation[b]							
Yes							
No							
Combined Oral Contraception							
Yes							
No							
Insufficient Milk							
Yes							
No							
Baby Refused Breast							
Yes							
No							
Fussy Baby							
Yes							
No							

[a]This table should be repeated for other age intervals.

[b]Morbidity includes breast engorgement, sore nipples, mastitis, etc.

Table F-2: Infant Feeding Patterns by Select Maternal Biomedical Characteristics among Infants 0-3 Months of Age[a]

	% Initiating Breastfeeding[1]	Mean Duration of Breastfeeding (in months)	Percentage and Mean Age of Introduction of Breastmilk Substitutes[2] (in months)	Percentage and Mean Age of Introduction of Food Supplements[3] (in months)	Percentage Weaned and Mean Weaning Interval[4] (in months)
Morbidity Associated With Lactation					
Yes	(n= %)				
No	(n= %)				
Combined Oral Contraception					
Yes					
No					
Insufficient Milk					
Yes					
No					
Baby Refused Breast					
Yes					
No					
Fussy Baby					
Yes					
No					

[a]This table should be repeated for other age intervals.

Footnotes

1. Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.
2. Only those infants who have received breastmilk substitutes are included.
3. Only those infants who have received food supplements are included.
4. Only those infants who have been weaned are included.

Table F-3: Infant's Place of Birth by
Select Reported Maternal Biomedical Characteristics

	Place of Birth	
	Hospital/Clinic	Other
Morbidity Associated With Lactation		
Yes		
No		
Hormonal Contraception		
Yes		
No		
Insufficient Milk		
Yes		
No		
Baby Refused Breast		
Yes		
No		
Fussy Baby		
Yes		
No		

Table F-4: Relationship of Infant Characteristics, and Health and Nutritional Status to Infant Feeding Practices Among Infants 0-3 Months of Age[a]

	Breastmilk Only	Breastmilk and Breastmilk Substitutes	Breastmilk Substitutes Only	Breastmilk, Breastmilk Substitutes, and Food Supplements	Breastmilk and Food Supplements	Food Supplements Only	Breastmilk Substitutes and Food Supplements
Sex of Child							
Female							
Male							
Nutritional Status							
<75% of Standard Weight for Age		% (n=)					
≥75% of Standard Weight for Age		% (n=)					
Hospitalization							
Yes							
No							
		100% (n=)	100% (n=)	100% (n=)	100% (n=)	00% n=)	100% (n=)
Morbidity in Previous 2 Weeks							
Yes							
No							
		100% (n=)	100% (n=)	100% (n=)	100% (n=)	00% n=)	100% (n=)

[a]This table should be repeated for other age intervals.

F-5: Proportion Breastfeeding, Mean Age of Introduction of Breastmilk Substitutes and Food Supplements, Mean Weaning Interval by Infant Health and Nutritional Status

	Nutritional Status[5]		Hospitalization		Morbidity during last 2 weeks	
	75% of Standard	75% of Standard	Yes	No	Yes	No
Percent Initiating Breastfeeding[1]						
Male						
Female						
Mean Duration of Breastfeeding (in months)						
Male						
Female						
Percentage and Mean Age of Introduction of Breastmilk Substitutes[2] (in months)						
Male						
Female						
Percentage and Mean Age of Food Supplements[3] (in months)						
Percentage Weaned and Mean Weaning[4] Interval (in months)						

Footnotes

1 Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.

2 Only those infants who have received breastmilk substitutes are included.

3 Only those infants who have received food supplements are included.

4 Only those infants who have been weaned are included.

5 Please indicate what standard is used.

Table F-6: Frequency of Breastfeeding
in a 24 Hour Period by Age of Infant

Frequency of Breastfeeding	Age of Infant (in months) 0-1	2-3	4-5	6-7	8-9	10-11
low						
high						
	100% (n=)	100% (n=)	100% (n=)	100% (n=)	100% (n=)	100% (n=)

Table F-7: Prevalence of Maternal Morbidity Associated with Lactation By Age of Infant and Frequency of Breastfeeding During 24 Hours Preceding Survey[1]

Age of Infant (in months)	Frequency of Breastfeeding			
	0-3	4-6	7-8	8
0-1				
Yes	%			
No	%			
	100%			
2-3				
Yes				
No				
4-7				
Yes				
No				
8-11				
Yes				
No				

1 Analysis should also consider specific problems such as engorgement, mastitis, etc.

G. THE RELATIONSHIP OF CONSUMER BEHAVIOR TO INFANT FEEDING PATTERNS

The consumer behavior portion of the analysis will emphasize three major determinants of the use of infant food products: infant formula sample distribution, feeding recommendations of health professionals and price. In order to obtain a full understanding of product use, Table G-1 presents the proportion using formula, cow's milk preparations and other commercial infant foods by age of infant. Infant formulas are categorized here as humanized, non-humanized and special formulas for medical conditions.

Tables G-2 through G-4 analyze the basic relationships among demographic characteristics, distribution of infant formula samples, and recall of infant food advertisements.

From a marketing point of view, one criterion by which to judge the impact of the distribution of infant formula samples on consumer behavior is brand recall and current product use. Table G-4 will show the percentage of mothers who received infant formula samples who recall the brand, and Table G-5 will show the extent to which mothers continue to purchase the first brand they received. The extent to which mothers whose infants received infant formula in the hospital were aware of the brand may also be of interest, particularly if a sample of the same brand was distributed and subsequently purchased.

Further analysis of infant formula sample distribution is suggested in Tables G-6 and G-7, in order to examine the relationship of type of maternity care and place of birth to infant formula sample distribution.

Elsewhere, we have hypothesized that breastfeeding behavior will be positively correlated with the recommendation of health professionals, including physicians, nurses and others. As the promotional strategies of sellers focus increasingly on health care professionals and institutions, rather than on

advertising to consumers, the importance of health care and professional recommendations can be expected to become a more important determinant of feeding behavior. Tables G-8 and G-9 examine the effects of both professional advice and receipt of formula sample on current feeding pattern while Tables G-10 through G-12 present the current feeding pattern according to type of maternity care and receipt of formula sample.

Table G-13 will allow us to examine the extent to which the choice of brand is affected by price and receipt of formula sample. The pricing data you will need in order to complete this table should be available from the staff member at your institution or the market research firm in your country responsible for the retail audit segment of the marketing study.

Table G-1: Proportion Feeding any Breastmilk and/or Commercial Infant Foods by Age of Infant[1]

Types of Foods	Age of Infant (in months) 0-1	2-3	4-5	6-7	8-9	10-11
Breastmilk	___%					
Infant Formula (Total all formulas)	___%					
Humanized	___%					
Nonhumanized	___%					
Special Formulas for Medical Conditions	___%					
Cow's Milk Preparations (Total all Preparations)	___%					
Liquid whole milk	___%					
Liquid skim milk	___%					
Skim milk powder	___%					
Sweetened condensed milk	___%					
Other Commercial Infant Foods	___%					

[1] Percentages may sum to more than 100% because mothers may feed more than one type of preparation.

Table G-2: Mother's Report of Infant Formula Sample by Select Demographic Characteristics

Characteristics of Index Mother	Received Infant Formula Sample	
	Yes	No
Age in Years		
20		
20-24		
25-30		
30-34		
35+		
	100%	
Parity		
Primiporous		
1-4		
5+		
Place of Origin		
Rural		
Urban		
Literacy		
No		
Yes		
Years of School Completed		
(Categories to be determined)		
Current Employment Status		
Not employed outside the home		
Employed outside the home		
Income		
(Categories to be determined)		

Table G-3: Percentage Familiar with Advertising of Breastmilk Substitutes by Select Demographic Characteristics

Characteristics of Index Mother	Familiarity with Advertising							
	Radio		Television		Magazine		Poster/Pamphlet	
	Yes	No	Yes	No	Yes	No	Yes	No
Income								
Categories to be determined								
Years of School Completed								
(or literacy if more appropriate to site)								
Place of Birth								
Home								
Hospital								

Table G-4: Percentage Recalling Brand of Infant Formula Sample by Select Demographic Characteristics

Characteristics of Index Mother	Received Infant Formula Samples		Did not Receive Infant Formula Sample
	Recall Brand	Do Not Recall Brand	
Income			
Categories to be determined			
Years of School Completed			
(or literacy if more appropriate to site)			
Place of Birth			
Home			
Hospital			

Table G-5: Mother's Report of Brand of Infant Formula Sample vs. Current Brand of Infant Formula or Non-formula Breastmilk Substitute Purchased by Select Demographic Characteristics

	Sample Brand = Current Purchased Brand	Sample Brand ≠ Current Purchased Brand	No recall of Sample Brand
Income			
Categories to be determined			
Years of School Completed			
(or literacy if more appropriate to site)			
Place of Birth			
Home			
Hospital			

Percentage may not add up to 100% because some mothers did not receive samples of infant formula and some mothers who did are not currently purchasing breastmilk substitutes.

Table G-6: Mother's Report of Receipt of Infant Formula Sample by Place of Birth of Index Child

Received Infant Formula Sample	Place of Birth	
	Home	Hospital
Yes		
No		
	100% (n =)	100% (n =)

Table G-7: Mother's Report of Receipt of Infant Formula Sample by Type of Maternity Care

Received Infant Formula Sample	Type of Maternity Care	
	Traditional	Modern
Yes		
No		
	100% (n =)	100% (n =)

Table G-8: Type of Milk Currently Fed to Index Child by Mother's Report of Advice from Health Care Professionals

	Advice from Health Care Professional			
	Advised Breastfeeding	Advised Bottlefeeding	Advised Both	No Advice
Type of Milk Currently fed to Infant				
Breastmilk only	%			
Infant Formula[1]	%			
Other Breastmilk Substitutes[2]	%	___	___	___
	100% (n =)			

[1]With or without breastmilk or non-formula breastmilk substitutes.

[2]With or without breastmilk but not currently receiving infant formula.

NOTE: Construct separate tables for following age groups: 0-3 months, 4-6 months, 7 months or greater.

Table G-9: Type of Milk Currently Fed to Index Child by Mother's Report of Advice from Health Care Professionals and Mother's Report of Receipt of Infant Formula Sample

Type of Milk Currently Fed to Infant	Advised Breastfeeding		Advised Bottlefeeding		Advised Both		No Advice	
	Received Sample	Did not Receive Sample	Received Sample	Did not Receive Sample	Received Sample	Did not Receive Sample	Received Sample	Did not Receive Sample
Breastmilk Only	%							
Infant Formula[1]	%							
Other Breastmilk Substitutes[2]	%							
	100% (n =)							

[1]With or without breastmilk or non-formula breastmilk substitutes.

[2]With or without breastmilk but not currently receiving infant formula.

NOTE: Construct separate tables for the following age groups: 0-3 months, 4-6 months, 7 months or greater.

Table G-10: Type of Milk Currently Fed to Index Child by Type of Maternity Care and Mother's Report of Receipt of Infant Formula Sample

	Type of Maternity Care			
	Traditional		Modern	
Type of Milk Currently Fed to Infant	Received Sample	Did Not Receive Sample	Received Sample	Did Not Receive Sample
Breastmilk Only				
Infant Formula[1]				
Other Breastmilk Substitutes[2]				
	100% (n =)	100% (n =)	100% (n =)	100% (n =)

[1]With or without breastmilk or nonformula breastmilk substitutes.

[2]With or without breastmilk but not currently receiving infant formula.

NOTE: Construct separate tables for the following age groups: 0-3 months, 4-6 months, 7 months or greater.

Table G-11: Type of Milks Currently Fed to Index Child by Age of Child and Mother's Report of Receipt of Infant Formula Sample

Age (in months)	Breastmilk Only		Infant Formula[1]		Other Breastmilk Substitutes[2]	
	Received Free Sample	Did Not Receive Free Sample	Received Free Sample	Did Not Receive Free Sample	Received Free Sample	Did Not Receive Free Sample
0-1						
2-3						
4-6						
7-9						
10-11						
(Extend to 24 months in Indonesia and Kenya)						

[1]With or without breastmilk or nonformula breastmilk substitutes.

[2]With or without breastmilk but not currently receiving infant formula.

Table G-12: Proportion Initiating Breastfeeding by Mother's Report of Receipt of Infant Formula Sample and Recommendations from Health Care Professionals*

Advice from Health Care Professional	Receipt of Infant Formula Sample: Received Formula Sample	Receipt of Infant Formula Sample: Did not Receive Formula Sample
Advised to Breastfeed	% (n =)	% (n =)
Advised to Bottlefeed		
Advised to do both		
No Advice		

*Breastfeeding is defined as any breastfeeding of a duration equal to or greater than two weeks.

Table G-13: Proportion Using Commercial Infant Formula by Relative Price vs. Sample Received

	Sample Received				No Sample Received
	Brand A	Brand B	Brand C	Brand D	
Brand Purchased					

(List by price from highest to lowest)

Brand A _____
(name/price)

B _____

C _____

D _____