

INFANT FEEDING STUDY

Progress Report IV

During May 1, 1982 - July 31, 1982

Faculty of Public Health, Mahidol University

Bangkok, Thailand

July 31, 1982



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## 1. INTRODUCTION

The infant feeding study in Thailand was started on May 1st, 1981 and is scheduled to be completed in December 1982. Three progress reports were submitted. These reports covered the following period :

1. May 1 - August 31, 1981
2. September 1 - November 30, 1981
3. December 1, 1981 - April 30, 1982

This is the 4th progress report covering the period of May 1 - July 31, 1982. The report included project activities completed and technical reports on all phases of the study; ethnographic study, cross-sectional survey and marketing study.

We are very pleased to say at this point that most of the activities have been successfully completed according to the planned schedule. The study is at the stage of analysis of the data with the guidance of Dummy table prepared by the research consortium. Details of each activity can be found in this report.

## 2. PERSONNEL CARRY OUT THE STUDY

### 2.1 Principal investigators

1. Debhanom Muangman
2. Somchai Durongdej

### 2.2 Research Associates

3. Anek Hirunraks
4. Thavisak Svetsreni
5. Thonglaw Dejthai
6. Valaitip Sacholvijarn
7. Chatkaew Pravahanavin

### 2.3 Secretarial Officers

8. Ratana Sudklay
9. Luntarima Trichatworthipong

### 2.4 Junior ethnographers

10. Miss Weraporn Suttana
11. Mr. Thanin Tharnasavoj

### 3. PROJECT ACTIVITIES

3.1 Activities completed. Many activities have been successfully completed according to the schedule. Table I illustrated all activities completed. These included revision of report on the phase-I ethnography, completion of data collection on phase II of ethnographic study and preparation of the proposal for the conference.

In connection with the phase II ethnographic study, Mr. Thavesak is responsible for this study the different sources of information dissemination were included in the observation. Table 2 showed that the data were collected from various sources both from governmental and non-governmental settings. These data are now being analysed and outline of the report has formulated in consultation with Dr. Penny Van Esterik when she visited Bangkok for two weeks during June 26-July 12, 1982.

Coding of all the questionnaire were completed and transferred to IBM cards. It is now being corrected and will be ready for basic tabulation.

Dr. Thonglaw has already completed the health care provider interviews. Miss Chatkaew and Valaitip worked jointly with him and assisted in interviewing.

3.2 Meeting with staff. Besides regular informal discussion with research associates and field workers, three formal meetings were called. The first meeting discussed all the procedure of data processing. These included classification of coding manual, accuracy of coding, dummy tables and analysis of the data. The second meeting discussed the procedure for data collection of ethnography Phase II. The third meeting was devoted to the discussion of preliminary results of observation from Phase II when all the research team members had opportunity to comment and to critically discuss the findings.

3.3 Technical assistance. Two research consortium members visited Bangkok to provide technical assistance

Dr. James Post visited Bangkok for one week during June 12-18, 1982. He worked closely with Dr. Somchai and Dr. Thonglaw and provided technical consultation about the health care provider interviews and other issues in general. He also had a chance to visit different types of retail outlets in Bangkok. He participated in the meeting when we discussed about the conference proposal and provide very useful guidance. (See Attachment 1 for conference proposal.)

Dr. Penny Van Esterik visited Bangkok for two weeks during June 26 - July 12, 1982. She provided suggestions on revision of Phase I report and guided the outline for Phase II report. She also participated in the revision of the proposal of the conference.

Table 1 Activities during May 1 - July 31, 1982

Activity	Completion		Remark
	Yes	No	
1. Ethnographic study			
1.1 Draft of Phase I report	*		
1.2 Final revision of Phast I report		*	being revised in consultation with Penny. It is expected to be done by Sept.
1.3 Data collection of Phase III	*		
1.4 Outline of the report	*		
2. Data processing			
2.1 Editing questionnaire	*		
2.2 Construction of Coding manual	*		
2.3 Coding the questionnaire	*		
2.4 Editing the coded forms	*		
2.5 Transferring of codes to standard transferred sheets	*		
2.6 Data entry (card)	*		
2.7 Machine editing for errors, inconsistency, logical errors	*		
2.8 Correction of data and clean it		*	underway
3. Marketing			
3.1 Interview of health care provider	*		
3.2 Retail audits		*	Underway by DEEMAR
4. Preparation of the proposal of the conference	*		

Table 2 Sample for Observation in Ethnographic study Phase II

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

## 4. TECHNICAL REPORTS

### 4.1 Ethnographic study

#### 4.1.1 Ethnographic study Phase I.

The first draft of phase I report was submitted to the consortium for consideration and some modifications are being revised with suggestions from Dr. Van Esterik when she come to Bangkok. We have agreed at alteration of some parts. It is expected that this phase I report will be finished by September.

#### 4.1.2 Ethnographic study Phase II

Data collection were completed at the end of June and outline for data analysis and report were formulated with Penny. Mr. Thavesak will be responsible for writting phase II report.

#### 4.1.3 Further activities

Both Phase I and Phase II reports are in the process of revising and writting. It is expected to finish by the end of September.

### 4.2 Cross Sectional Survey

#### 4.2.1 Data collection

As it was reported in the previous report that the cross sectional survey was completed on April 16, 1982. Questionnaires then, were edited, coded and transfer to IBM cards for processing. The 28 cases of questionnaire obtained from mothers who participated in the phase I ethnography were processed separately.

#### 4.2.2 Data processing

Coding manual has developed and translated into English to be sent to the consortium. In table 1 described earlier,

conversion of data to tape and machine edit for coding errors, inconsistency and logical errors are underway and it is expected that the basic cross-tabulation will be come out by middle of August and tape duplication will be obtained. The computer print-out of the 28 questionnaire of mothers participated phase I was given to Dr. Penny van Esterik for her information while she was in Bangkok but analysis of these data has not yet done

4.2.3 Further activities the following further activities will be carried out.

1. Data tabulation and analysis
2. Duplication of tapes and further analysis

#### 4.3 Marketing

4.3.1 State of industry and retailed audits this study is being carried out by DEEMAR. Further to this activity, Dr. Post has recommended the research team to collect data on type of retail outlets and infant formula available in selected areas in the sample blocks and it was agreed to investigate 10% of the blocks, therefore, 8 blocks were selected.

#### 4.3.2 Health service infrastructure survey.

All the interviews have been completed. Dr. Thonglaw reported that he has already, submitted the secondary research and progress report of his responsibility several months ago and the communication between him and TAI seems to be very slow. He is expected to hear about the second payment for the cost of hiring the interviewers.

#### 4.4 Other activities

During the National conference on Public Health held at the Faculty of Public Health in Bangkok, the methodology of the study was presented to all participants. These participants included Public Health personnel, health scientist and social scientists. The crucial objectives in presenting this methodology of the study is to publicize the study. Further to paper presented in the conference, an exhibitions of the projects was put on display this exhibition was visited by the Princess who came to preside over the opening ceremony. She was extremely interested in the study and we are now try to get her involvement with the future activities.

#### 5. TIME FRAME

There is no alteration of the time frame.

DRAFT

PROPOSED CONFERENCE ON POLICY  
ALTERNATIVES TO IMPROVE INFANT FEEDING PRACTICES

PROPOSED BY

DR. SOMCHAI DURONGDEJ



FACULTY OF PUBLIC HEALTH  
MAHIDOL UNIVERSITY  
Rajvithi Rd. Bangkok 4.  
Thailand.

Population Council Collaborating Center  
for Research on Changing  
Weaning Diet Practices and  
Infant Feeding Study  
Tel. 281-6037

Draft

Proposed Conference on Policy  
Alternatives to improve infant feeding practices

SUMMARY

This is to propose a conference on the theme of "Policy alternatives to improve infant feeding practices." This conference will be planned and organized by the Faculty of Public Health, Mahidol University, the Ministry of Public Health, and the research consortium led by the Population Council of New York.

In 1981, The Faculty of Public Health, The Faculty of Social Sciences and Humanities and the Institute for Population and Social Research at Mahidol University began a study of infant feeding practices in Bangkok, Thailand. This study is designed to assess feeding practices and the marketing of foods for infants in Bangkok. The project is investigating the impact of a broad range of biological, social and economic factors on patterns of infant feeding to determine the nature and magnitude of their contribution to problems of infant nutrition. The study focuses specifically on the role of the health professions, women's work patterns, and the promotion of infant food products, and will analyze the contribution of each to changing patterns of infant feeding.

Participants will include policy makers, planners and scientists from different sectors such as health, industry, education, social welfare, food and agriculture who are actively involved in development, analysis and implementation of programs and policies in the areas of infant nutrition.

The conference will discuss the determinants of infant feeding practices such as women's employment, delivery of health care services, marketing of commercial infants foods and consumer behaviour. Analysis of the findings from Thailand-study will be presented and used as a guideline for policy alternatives to improve infant feeding. Proposed policy alternatives to improve infant feeding practices will focus on the policy concerning encouragement and support of breastfeeding and strengthening existing policies concerning infant feeding practices.

## OBJECTIVES

1. To present the highlights of the Thailand's study.
2. To provide a forum for discussion of critical issue related to the infant feeding practices and encourage their roles in solving the problems of infant feeding practices.
3. To facilitate the exchange of ideas and experience among those involved in the development, analysis and implementation of policies and programs to promote appropriate infant feeding.
4. To increase public awareness in the issue related to optimum infant feeding practices.
5. To develop various alternative policies designed to improve infant feeding practices.

## BACKGROUND AND RATIONAL

Concern with infant nutrition and particularly the role that breast-feeding and infant formula play in nutrition for infants in developing countries has received much international attention in recent years. This concern has focussed on the high rates of malnutrition seen in many developing countries, and the trend away from breast-feeding to bottle-feeding. A number of factors account for this trend, including urbanization, increasing female employment, the introduction of modern technology, the break-down of traditional values and the ready availability of alternatives to breast-feeding.

The controversy over the use of infant formula has many dimensions. The sale of infant formula internationally is a multimilliondollar business. It was with the plateauing of sales of infant formula in the U.S. and western European countries, that multinational corporations turned to the vast potential market for their products in third world countries. Activists from consumer and religious groups have claimed that millions of infant deaths can be attributed to bottle-feeding.

Some critics would ban the sale of formula completely charging that its promotion and easy availability are the cause of its increased use. Others admit there is a need for an alternative to breast-feeding in situations where the mother is not able to breast-feed. The infant food industry asserts that formula is a legitimate and appropriate product that can aid in the rehabilitation of children suffering from malnutrition. Under the conditions prevailing in many developing countries, however infant formula may pose a serious threat to infant health through its misuse. Because of the high cost of the product it is often diluted, thereby reducing or eliminating its nutritional value. Moreover, it is often prepared with non-potable water under unsanitary conditions. The result is a vicious circle of infant diarrhea and malnutrition.

Many international organizations including WHO, UNICEF, and the American Academy of Pediatrics have endorsed the practice of breast-feeding as nutritionally and immunologically superior to proprietary formula for infants, as physiologically beneficial to the mother, and as psychologically significant in enhancing the mother-child bonding process. At a WHO/UNICEF meeting held in Geneva in October 1979 "urgent action to promote the health and nutrition of infants and young children by governments, international agencies, nongovernmental organizations and the infant food industry" was called for. The recommendations of the meeting called for strong encouragement and support of breast-feeding through health services, community and government agencies. Additionally the meeting recommended the appropriate marketing and distribution of infant formula and weaning foods, with adherence to an international approved marketing code by the infant formula companies. At a following meeting held in Geneva in 1981 to establish a marketing code of ethics for companies selling infant food products, all the nations in attendance with the exception of the United States, agreed to support the code.

The decline of breast-feeding in Bangkok and rural areas of Thailand has been documented by several studies in recent years. Breast-feeding in urban Bangkok is on the decline due to the influence of

urbanization, modern technology and many other determinants. Recent study to determine the initiation of breast-feeding by Durongdej among five hundred eighty six primiparas showed that only thirty five percent were exclusively breast-fed upon leaving the hospitals (1). Other studies (2-5) also showed a similar decline. Causes of the decline in breast-feeding were; a lack of appreciation of the value of breast-feeding by the general public, undernourished and poor health conditions during pregnancy and lactation of mother and increasing numbers of working mothers (6). Programs to promote breast-feeding have been included in the 5th National Food and Nutrition Development Plan. Many activities have been undertaken to encourage and prolong breast-feeding. These activities do not at present yield successful impact because of lack of interdisciplinary study to illustrate interrelationship of all determinants. Breast-feeding involves many different factors such as government support, political structure and environment. However, current activities in promoting breastfeeding include organization of national workshops to identify strategies related to infant feeding practices, nutrition education to include the use of posters, lecture tours, distribution of literatures, local folk songs and motivation of future mothers.

A study by Durongdej and Pravahanavin in examining the extent to which breastfeeding promotion posters could influence breast-feeding practices, showed that this activity had very little impact on breast-feeding (7). Furthermore, breastfeeding promotion posters were found to be uncommon among urban mothers. The authors concluded that posters to promote breast-feeding in urban mothers did not show any significant success. Posters should be used simultaneously with a multimedia strategy for a breast-feeding campaign. Consequently, the problem of infant malnutrition is still prevalent in Thailand and Bangkok in particular. The magnitude of infant mortality and the problem of infant feeding are high in Bangkok Slums (8) inspite of increase effort has been directed toward improving infant health.

To date however no large scale systematic effort has been made to investigate the causes of this decline. Although programs to promote breast-feeding have been included in the Fifth National Food and Nutrition Development Plan of Thailand, and have been carried out by the Ministry of Public Health, current strategies have not been based on a factual understanding of the causes of the decline.

In 1981 the Faculty of Public Health at Mahidol University began a study of infant feeding practices in Thailand. This Infant Feeding Study is designed to assess feeding practices and the marketing of foods for infants in Thailand. The project is investigating the impact of a broad range of biological, social, and economic factors on patterns of infant feeding to determine the nature and magnitude of their contribution to problems of infant nutrition. The study focuses specifically on the role of the health professions, women's work patterns, and the promotion of infant food products, and will analyze the contribution of each to changing patterns of infant feeding.

Major aspects of the study in Thailand include (1) anthropological field work (including observation of infant feeding practice in the home), (2) a cross-sectional household survey of mothers of infant under one year of age (including infant feeding practices and consumer attitudes and behavior regarding infant foods); (3) a survey of health facilities in Bangkok including public and private hospitals, MCH clinics, maternity centers, and private clinics, to document practices relating to infant feeding; (4) a market survey on a national basis of the industry (including a review of the state of the infant food industry and current market structure).

In Thailand the study is designed to explore, among other topics, mothers attitude towards breast and bottle feeding, the type and characteristics of women's labor force participation associated with specific infant feeding patterns, the influence of the health sector, particularly hospital practices on infant feeding decision, as well as to document

the actual feeding practices of infants under 12 months in a representative sample of Bangkok communities.

#### JUSTIFICATION FOR THE WORKSHOP

This workshop is the culmination of the Infant Feeding Study. It will disseminate the study findings and provide a forum for discussion and development of national policies that relate to infant feeding in Thailand. The proposed workshop will provide a forum for the interchange of ideas among researchers, health personnel, policy makers, the media and other interested organizations and individuals.

In the past, many national and international conferences on topic of infant feeding have been held in Thailand, among them National Workshop on breast-feeding for health Personnel during February 14-16, 1981 (9) National Workshop on breast-feeding for health Personnel during February 21-23, 1980 (10) Workshop on breast-feeding and supplementary foods during 17-18 November, 1979 (11) yet, the information has not always been integrated in a way useful to the development of specific intervention.

Unlike previous workshops on breast-feeding in Thailand, This proposed workshop is based on actual data and findings of collected specifically for this workshop especially including findings from commercial sectors related to marketing and consumer behaviour. Furthermore, none of the previous workshop has been made recommendation based on the empirical research results. As a result, the recommendation formulated from the previous workshops have little implication. Furthermore, those workshop have focused on knowledge and attitudes of health personnel and have not targeted on policy issues for policy makers. As far as participants concerned, non of the previous workshop has brought in the policy makers, policy disseminators or policy administrators as participants.

## DATES AND VENUE FOR PROPOSED CONFERENCE

The conference will be held in an early part of May in 1983 in Bangkok.

This conference will be split into two separate meetings. The first one will be a two-day meeting which will concentrate on the scientific presentation of the study findings. The audiences in this meeting will primarily be scientists, health professionals from various governmental and non-governmental agencies. The second meeting will be held perhaps a week later in Bangkok. The audiences will be policy makers, policy administrators and planners at a senior level. Since policy makers are unlikely to participate in the meeting for many days, therefore, one-day meeting is scheduled for discussion of the findings and to develop policy recommendations the presentation of the study's findings will be made in summary fashion by a well respected authority assisted by the Principal investigator.

## PARTICIPANTS

The audience for the conference will consist of :

1. Regulatory bodies
2. Scientists and health professionals
3. Media and Public

In the first meeting, there will be forty (40) local participants to be invited. These participants will include scientists, health professionals, interested officers from regulatory bodies media specialists and representatives from international organization such as WHO, UNICEF, FAO, ILO, UNFPA etc.

The second meeting will focus on policy makers because any type of health or social action is implemented and sustained depends upon the decision and interest of policy makers. Policy makers have often been as poorly informed as the public at large about the importance of

infant and young child feeding and problems associated with it, and have generally been rarely aware of the important part they could play in dealing with breast-feeding problems. Under the National Food and Nutrition Policy Committee, a sub-committee on Maternal and Child Health is directly concerned with infant nutrition, therefore, members in this sub-committee will be invited to involve in the conference as much as possible. However, chairman of the MCH sub-committee will be invited to be a member in planning committee of this conference.

#### PROGRAM CONTENT

The conference will discuss several issue in infant health and infant feeding practices. It is proposed to split into two (2) meetings. The agenda for two meetings are as follow:

#### Meeting I

- Day 1 Morning
- Opening ceremony
  - Coffee break
  - Overview of the study (conceptual framework)
  - Importance of Infant Feeding study in Thailand with particular attention to urban population.
- Afternoon
- Methodology of the Thai study
  - Coffee break
  - Determinant of Breast feeding practices
    - Health system
    - Mother health
  - Discussion
- Day 2 Morning (continue)
- Employment
  - Marketing
  - Consumer behavior
- Afternoon
- Small group discussion
  - Presentation of the group discussion
  - Conclusion and Recommendation

### Meeting II

The presentation of the meeting will be based on the discussion of the first meeting and research findings. The organizing committee will provide an executive summary of the research findings and the first meeting conclusion. The agenda for this meeting will be as follows.

- Morning
- Opening ceremony
  - Coffee break
  - Overview of the study including Methodology for Thai study
  - Findings
  - Policy implication and alternation model to improve infant feeding practices
- Afternoon
- Group discussion
  - Coffee break
  - Conclusion and recommendations

## ORGANIZATION

A planning committee will be established at the Faculty of Public Health. This planning committee members would include

- |   |                      |
|---|----------------------|
| 1. Dr. Debhanom Muangman<br>P.I. and Dean of the Faculty of Public Health                                     | Chairman             |
| 2. Dr. Amorn Nondhasuta<br>Director, Dept. of Health<br>Ministry of Public Health                             | Member               |
| 3. Dr. Aree Valayasevi<br>Director, Institute of Nutrition,<br>Mahidol University                             | Member               |
| 4. Dr. Prasong Tuchinda<br>Professor of Pediatrics, and<br>President of Pediatrics Association<br>of Thailand | Member               |
| 5. Dr. Udom Tienjuang<br>Director of Bangkok Health Department  | Member               |
| 6. Representatives from NESDB   | Member               |
| 7. Representatives from industry  | Member               |
| 8. Mass media specialist representative   | Member               |
| 9. Representative of Directors of the<br>Hospitals  | Member               |
| 10. F.D.A. representation   | Member               |
| 11. Dr. Somchai Durongdej<br>P.I. Assistant Professor in Nutrition  | Member and Secretary |

In addition, Dr. Somchai will be responsible for organizing the conference. A sub-committee member of other activities on the workshop organization will be established.

**DISCUSSANT**

1. Senior anthropologist
2. Marketing specialist
3. Food and Drug control officer
4. Private industry
5. Director of Health service
6. Nutritionist

**WORKSHOP RESULT**

The proceeding will be published and distributed to all professional involved and highlights of the recommendations will be published in the local technical journals. Furthermore, press conference will be called to make public aware of the research findings. Demonstration of the findings will be organized to disseminate information to those involved in programs for the infant nutrition.

It is expected that this information will be available and utilized for future policy and program planning to promote optimum infant feeding in Bangkok and perhaps in other urban communities in Thailand.

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