

Infant Feeding Practices Survey

Central Bureau of Statistics
Ministry of Economic Planning
and Development
Nairobi, Kenya

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Prepared by the Central Bureau of Statistics,
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in collaboration with The Population Council,
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CENTRAL BUREAU OF STATISTICS: MINISTRY OF ECONOMIC PLANNING AND DEVELOPMENT
 INFANT FEEDING PRACTICES SURVEY

SUPERVISOR.....
 INTERVIEWER.....
 STRUCTURE NO.
 SHEET NO.

(1) (2) (3) (14)

CLUSTER	HOUSEHOLD	CHECK DIGIT	RECORD NO.	SORT SEQUENCE	AMEND NO.	TOTAL HH MEMBERS
	25		21	001		16

COLUMN CODES

(4) NAME	(5) SERIAL NO.	(6) RELATIONSHIP TO HH HEAD	(7) AGE		(8) SEX 1=F 2=M	(9) TRIBE	(10) HIGHEST EDUCATION LEVEL COMPLETED	(11) OCCUPATION	(12) ELIGIBLE	
			1/2	MOB/YRS					MOTHER	BABY
	17	0 1							30	
	31	0 2							44	
	45	0 3							58	
	59	0 4							72	
	73	0 5							86	
	87	0 6							100	
	101	0 7							114	

- (3) INTERVIEWERS LEAVE BLANK
- (6) RELATIONSHIP CODES
- | | |
|------------|-------------------|
| 01 HEAD | 05 FATHER |
| 02 HUSBAND | 06 DAUGHTER |
| 03 WIFE | 07 MOTHER |
| 04 SON | 08 OTHER RELATIVE |
| | 09 NO RELATION |
- (7) IF ≤ 2 YEARS CODE 1 NO. OF MOS.
 IF > 2 YEARS CODE 2 NO. OF YRS.
- (9) TRIBE CODES
- | | |
|-----------|----------------|
| 01 KIKUYU | 06 MERU/EMBU |
| 02 LUD | 07 MIJIKENDA |
| 03 LUHYA | 08 KALENJIN |
| 04 KAMBA | 09 OTHER |
| 05 KISII | |

REPUNCH COLS. 1-15

(4) NAME	(5) SERIAL NO.	(6) RELATIONSHIP TO HH HEAD	(7) AGE		(8) SEX 1=F 2=M	(9) TRIBE	(10) HIGHEST EDUCATION LEVEL COMPLETED	(11) OCCUPATION	(12) ELIGIBLE	
			1/2	MOB/YRS					MOTHER	BABY
	17	0 8							30	
	31	0 9							44	
	45	1 0							58	
	59	1 1							72	
	73	1 2							86	
	87	1 3							100	
	101	1 4							114	

- (10) HIGHEST EDUCATION LEVEL COMPLETED
- | | |
|------------------|-----------------------|
| STANDARD 1-7 | CODE 1 STANDARD LEVEL |
| FORMS 1-6 | CODE 2 FORM LEVEL |
| YEARS UNIVERSITY | CODE 3 YEARS |
| NO SCHOOLING | CODE 4 4 |

- (11) OCCUPATION CODES
- | | |
|----------------------------|-----------------|
| 01 PROFESSIONAL/TECHNICAL | 09 ARMED FORCE! |
| 02 ADMINISTRATIVE/CLERICAL | 10 NOT WORKING |
| 03 SALES WORKERS | 11 STUDENT |
| 04 SERVICE WORKERS | 12 OTHER..... |
| 05 AGRICULTURAL/FORESTRY | 13 OTHER..... |
| 06 PRODUCTION/MAINTENANCE | |
| 07 STORAGE/TRANSPORT | |
| 08 GENERAL LABOURERS | |

(12) TICK THE BOX FOR EACH BABY BORN SINCE 1 SEPT. 1980 AND THEIR MOTHERS

(13) ADD THE NUMBER OF TICKS IN COLS. 12A, 12B (ABOVE AND BELOW) AND TOTAL

(14) ENTER TOTAL NUMBER OF HOUSEHOLD MEMBERS

COMMENTS.....

(1) CLUSTER HOUSEHOLD (2) CHECK DIGIT (3) RECORD NO. (4) SCRT SEQUENCE (5) AMEND NO. (6) DAY MONTH YEAR TODAY'S DATE (7) LANGUAGE (8) RESPONDENT SERIAL NO. (9) INTERVIEWER I.D.

- (7) LANGUAGE
 1 KISWAH
 2 KIKUYU
 3 LUD
 4 ENGLISH

(10) DWELLING

(11) WATER SOURCE

(12) (13) (14) (15)

NUMBER OF ROOMS FOR SLEEPING	OWNERSHIP	MONTHLY RENT	COOKING	DRINKING	BATHING	DISH WASHING	BOIL WATER?	BOIL FOR WHAT USES	TOILET	ELECTRICITY	REFRIGERATOR	USUALLY COOKS USING
	1=OWN 2=RENT 3=SQUATTER OR ALLOWED 4=OTHER		01 PIPED IN HOUSE 02 PIPED OUTSIDE HOUSE 03 WELL 04 RIVER/STREAM 05 PUMP		06 SPRING 07 LAKE/DAM 08 VENDOR PURCHASE 09 OTHER		1=YES 2=NO (60 TO 12)	1.DRINKING 2.COOKING 3.MAKING FORMULAS 4.WASHING BOTTLES, TEATS 5.OTHER	1=FLUSH 2=OPEN PIT LATRINE 3=CLOSED PIT 4=NO TOILET 5=OTHER	1=YES 2=NO	1=YES 2=NO	1.WOOD 2.CHARCOAL 3.PARAFFIN 4.GAS 5.ELECTRIC 6.OTHER

(16) INCOME

(17) BABIES WHO HAVE DIED

HOW OFTEN IN HEAD PAID 1=DAILY 2=WEEKLY 3=EVERY 2 WKS 4=MONTHLY 5=NOT WORKING 6=OTHER	DOES THIS HOUSEHOLD RECEIVE FOOD OR MONEY FROM OUTSIDE NAIROBI 1=FOOD 2=MONEY 3=BOTH 4=NEITHER	FOR EACH FEMALE 12 YRS OR OLDER IN TABLE 1 ASK IF EACH HAS GIVEN BIRTH TO A BABY SINCE 1 SEPT. 1980 WHO HAS SINCE DIED TOTAL BABIES WHO HAVE DIED
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(18) FILL TABLE 2 FOR EACH ELIGIBLE BABY FROM TABLE 1 AND FOR EACH BABY WHO HAS DIED AND WHOSE MOTHER IS STILL A HOUSEHOLD MEMBER (17). FOR BABIES FROM TABLE 1 WHOSE MOTHERS ARE NOT HOUSEHOLD MEMBERS. IDENTIFY A SUBSTITUTE MOTHER - THE HOUSEHOLD MEMBER WHO ACTS AS ITS MOTHER AND MAKES MOST OF THE DECISIONS AS TO ITS CARE.

(19)	NUMBER OF ELIGIBLE BABIES FROM TABLE 2	51
(20)	NUMBER OF ELIGIBLE MOTHERS FROM TABLE 2	
(21)	NUMBER OF ELIGIBLE MOTHER SUBSTITUTE FROM TABLE 2	
(22)	TOTAL MOTHER/SUBSTITUTE AND CHILD INTERVIEWS TO BE FILLED (19+20+21)	
(23)	TOTAL MOTHER/SUBSTITUTE AND BABY INTERVIEWS COMPLETED	
RESULT OF HOUSEHOLD INTERVIEW		
(24)	1 COMPLETED 2 NO COMPETENT R AT HOME 3 DEFERRED 4 REFUSED 5 DWELLING VACANT 6 OCCUPIED, FAMILY AWAY 7 NOT FOUND/NON EXISTENT 8 OTHER (FILL COMMENT)	V1 V2 V3

TABLE 2 ELIGIBILITY

ID	MOTHER/SUBSTITUTE NAME	ID	BABY NAME	ID	BABY NAME
1		1		3	
		2		4	
2		1		3	
		2		4	
3		1		3	
		2		4	
4		1		3	
		2		4	
5		1		3	
		2		4	
6		1		3	
		2		4	

COMMENTS.....

TABLE 3

8.
RC
AO
ND
DE

COLUMN 1

COLUMN 2

COLUMN 3

MILK/FORMULA	HEARD OF UN-AIDED (DO NOT READ LIST)	HEARD OF AIDED (READ LIST STARTING KLIM)	EVER USED
BREAST MILK	33		60
COWS MILK			
01 KCC			
02 KLIM		48	
03 SAFARILAND			
04 COWBELL			
05 NAN			
06 LACTOGEN			
07 COW & GATE			
08 OSTERMILK			
09 SMA			
10 S-26			
11 SIMILAC/ISOMIL			
12 GLUCOLIN			
13 OTHER _____	47	59	74
	1=MENTIONED AS HEARD OF 2= NOT MENTIONED	1=HEARD OF 2=NOT HEARD OF	1=YES 2=NO

INTERVIEWER: FILL IN ALL BLANKS IN ALL 3 COLUMNS WITH ZEROS

- 5.4 HAVE YOU EVER RECEIVED A FREE SAMPLE OF ANY OF THESE MILKS?
1=YES 2=NO (GO TO 5.10)
- 5.5 WHAT KIND(S) HAVE YOU RECEIVED A FREE SAMPLE OF AND FROM WHERE? (USE BRAND CODE FROM TABLE 3)
- FROM WHERE CODES BRAND 1 __ FROM WHERE __
- 5.6 BRAND 2 __ FROM WHERE __
- 5.7 BRAND 3 __ FROM WHERE __
- 1 HOSPITAL/CLINIC WHEN BABY BORN
2 HOSPITAL/CLINIC AFTER BABY BORN
3 SUPERMARKET
4 DUKA
5 DEPARTMENT STORE/FIXED PRICE STORE
6 CHEMISTS
7 MARKET STALL
8 OTHER (SPECIFY) _____
- 5.8 HOW MANY TINS DID YOU RECEIVE?
- 5.9 WERE YOU ABLE TO GET MORE FREE SAMPLES AFTER THE FIRST ONE?
1 = YES 2 = NO

75

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87

5.10 HAVE YOU EVER SEEN OR HEARD OF ANY KINDS OF MILK FOR BABIES ADVERTISED ON THE RADIO OR TELEVISION? WHICH KIND(S) OF MILK? KIND 1

5.11 (USE BRAND CODE KIND 2

5.12 FROM TABLE 3) KIND 3

(USE BRAND CODE FROM TABLE; 97=HAS HEARD ADVERTISING, DOESN'T KNOW WHAT KIND; 96=HAS NEVER HEARD ADVERTISING)

5.13 HAVE YOU EVER SEEN ANY KINDS OF MILK FOR BABIES ADVERTISED IN MAGAZINES OR THE NEWSPAPERS? WHICH KIND(S) OF MILKS?

KIND 1

5.14 KIND 2

5.15 KIND 3 (SAME CODE AS 5.10)

5.16 HAVE YOU EVER SEEN ANY POSTERS ADVERTISING MILK FOR BABIES? WHICH KINDS OF MILK?

KIND 1

5.17 KIND 2

5.18 KIND 3 (USE SAME CODES AS 5.10)

5.19 HAVE YOU EVER SEEN OR HEARD ANY INFORMATION SAYING IT IS GOOD TO BREASTFEED? 1=YES 2=NO (GO TO 5.22)

WHERE DID YOU HEAR/SEE IT? PLACE/PERSON 1

5.20 PLACE/PERSON 2

5.21 PLACE/PERSON 3

- 1 RELATIVE
- 2 FRIEND
- 3 HEALTH WORKER
- 4 POSTER
- 5 BOOKLET
- 6 NEWSPAPER OR MAGAZINE
- 7 RADIO OR TELEVISION
- 8 OTHER (SPECIFY)

5.22 DOES THIS BABY HAVE A CLINIC CARD? 1=YES 2=NO (GO TO NEXT SECTION)

5.23 WHAT BRAND OR COMPANY IS ADVERTISED ON IT?

- 1. NESTLES (FOOD SPECIALITIES-LACTOGEN, NAN, CERELAC)
- 2. COW AND GATE
- 3. GLAXO (OSTERMILK, GLUCOLIN)
- 4. WYETH (SMA, S-26)
- 5. MEAD JOHNSON (ENFAMIL)
- 6. ABBOT (SIMILAC, ISOMIL)
- 7. NO COMPANY
- 8. DOESN'T REMEMBER

HASH TOTAL

6. KNOWLEDGE AND ATTITUDES

6.1 CLUSTER NUMBER

6.2 HOUSEHOLD NUMBER

6.3 CHECK DIGIT (INTERVIEWERS LEAVE BLANK) RECORD NUMBER

6.4 MOTHER OR SUBSTITUTE I.D. NO.

6.5 BABY I.D. NUMBER

6.6 SORT NUMBER

INTERVIEWERS: READ OUT "KENYAN MOTHERS HAVE MANY DIFFERENT OPINIONS AND IDEAS ABOUT INFANT FEEDING. PLEASE TELL

88

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115

	2	3

0

2

13

US WHAT YOU THINK ABOUT INFANT FEEDING BY ANSWER-.
ING THESE QUESTIONS ABOUT YOUR IDEAS".

- 6.7 WHICH FEEDING METHOD DO YOU THINK TAKES MORE OF A MOTHER'S TIME?
1 BREASTFEEDING; 2 BOTTLE FEEDING; 3 NO DIFFERENCE
- 6.8 IF A RELATIVE OF YOURS WAS SICK IN HOSPITAL, WOULD YOU BREASTFEED HER BABY FOR HER? 1=YES 2=NO
- 6.9 WHAT DO YOU THINK CAUSES A WOMAN'S BREASTS TO SAG?
1 PREGNANCY 3 AGING ... "AS SHE GETS OLDER"
2 BREASTFEEDING 4 OTHER (SPECIFY) _____
- 6.10 WHEN A BREASTFED BABY HAS DIARRHEA, SHOULD A MOTHER CONTINUE BREASTFEEDING OR STOP BREASTFEEDING UNTIL THE BABY IS WELL?
1 CONTINUE BREASTFEEDING
2 STOP BREASTFEEDING UNTIL BABY IS WELL
- 6.11 IF THE MOTHER HAS MILK, HOW LONG (NUMBER OF MONTHS) IS BREASTMILK WITHOUT OTHER FOODS ENOUGH FOR HER BABY?
____ MONTHS
- 6.12 AT WHAT AGE DO YOU THINK A BABY SHOULD STOP BREASTFEEDING COMPLETELY (NOT EVEN ONCE A DAY)? _____ MONTHS
- 6.13 FOR HOW LONG AFTER THE BIRTH OF A BABY SHOULD WOMEN ABSTAIN FROM SEXUAL INTERCOURSE?
WEEKS 1 ____
MONTHS 2 ____
- 6.14 (PROBE --- "HOW ABOUT IF SHE IS BREASTFEEDING?")
1=SAME 2=LONGER ABSTENTION 3 = SHORTER ABSTENTION
- 6.15 IF YOU HAD MORE MONEY, WOULD YOU PREFER TO BOTTLE FEED INSTEAD OF BREASTFEED YOUR BABY?
1=YES 2=NO **3 DOESN'T KNOW**

INTERVIEWERS: READ OUT "I AM GOING TO READ SOME STATEMENTS ABOUT INFANT FEEDING. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH ONE

INTERVIEWERS: CODE 1=AGREE 2=DISAGREE 3=NO OPINION

- 6.16 MOTHERS SHOULD BREAST FEED THEIR BABIES WHENEVER THEY ARE HUNGRY NO MATTER WHERE THE MOTHER AND BABY ARE.
- 6.17 MOST WEALTHY PEOPLE IN KENYA BOTTLE FEED THEIR BABIES
- 6.18 BOTTLE FEEDING RATHER THAN BREASTFEEDING WILL ENCOURAGE THE FATHER TO TAKE AN INTEREST IN A NEW BABY.
- 6.19 A WOMAN SHOULD NOT BREASTFEED A BABY WHEN SHE IS PREGNANT.
- 6.20 WHEN A MOTHER HAS A FEVER, SHE SHOULD NOT BREASTFEED HER BABY.
- 6.21 IT IS BETTER TO BOTTLE FEED A BABY IF YOU ARE OUT WITH THE BABY IN A PUBLIC PLACE (LIKE A CLINIC OR CHURCH)
- 6.22 IT IS BETTER FOR THE CHILD TO BE WEANED ABRUPTLY THAN TO LET THE CHILD NURSE OCCASIONALLY AFTER IT NO LONGER NURSES EVERY DAY
- 6.23 AT 6 MONTHS WOMEN WHO ARE STILL BREASTFEEDING ARE LESS LIKELY TO BECOME PREGNANT THAN WOMEN WHO STOPPED BREASTFEEDING THEIR BABIES AT 3 MONTHS

8.2 HOW LONG AFTER THIS BIRTH DID YOU HAVE YOUR FIRST PERIOD?
MONTHS 2 -- -- WEEKS 1 -- -- 997 = DOESN'T KNOW

8.3 DO YOU THINK THAT YOU ARE PREGNANT NOW?
1=YES 2=NO (GO TO 8.5)

8.4 HOW LONG AGO WAS YOUR LAST MENSTRUAL PERIOD?
MONTHS 2 -- -- WEEKS 1 -- --

8.5 HAVE YOU USED ANY METHOD OF BIRTH CONTROL AFTER THIS
BABY WAS BORN? 1=YES 2=NO (GO TO 8.10)

8.6 WHAT METHOD(S) DID YOU USE? METHOD 1

8.7 METHOD 2

8.8 METHOD 3

METHOD CODES

- | | |
|--|---------------|
| 01 PILL | 07 CONDOM |
| 02 IUD | 08 DOUCHE |
| 03 INJECTION | 09 WITHDRAWAL |
| 04 FEMALE STERILIZATION | 10 RHYTHM |
| 05 MALE STERILIZATION | 11 ABSTINENCE |
| 06 OTHER FEMALE SCIENTIFIC
(FOAMS, CREAMS, DIAPHRAGM) | |

8.9 HOW OLD WAS THIS BABY WHEN YOU STARTED USING THIS METHOD?

WEEKS 1 -- --

MONTHS 2 -- --

8.10 DID YOU HAVE A BABY BEFORE THIS ONE?
1=YES 2=NO (INTERVIEW COMPLETED)

8.11 WHAT IS THAT BABY'S BIRTH DATE? DAY

8.12 MONTH

8.13 YEAR

8.14 DID YOU BREASTFEED THAT BABY?
1=YES 2=NO (GO TO 8.16)

8.15 HOW OLD WAS THAT BABY WHEN YOU STOPPED BREASTFEEDING IT
COMPLETELY (BREASTFEEDING NOT EVEN ONCE A DAY)?

DAYS 1 -- --

WEEKS 2 -- --

MONTHS 3 -- --

977 = DOESN'T REMEMBER

8.16 HOW LONG AFTER THAT BABY WAS BORN DID YOU HAVE YOUR
FIRST MENSTRUAL PERIOD?

WEEKS 1 -- --

DOESN'T REMEMBER 977

MONTHS 2 -- --

HASH TOTAL

9.8 CHILD'S AGE NOW WEEKS 1
MONTHS 2 995=BABY HAS DIED

9.9 CHILD'S SEX 1=FEMALE 2=MALE

9.10 NUMBER OF CHILDREN BORN ALIVE BEFORE THIS CHILD

9.11 IS THIS CHILD'S FATHER A HOUSEHOLD MEMBER?

1=YES 2=NO

9.12 WAS THIS CHILD BORN IN NAIROBI? 1=YES 2=NO (GO TO 9.14)

9.13 WHERE WAS THIS CHILD BORN? (GO TO 9.15)

01 IN THE MOTHER/SUBSTITUTE'S HOME 06 IN MATER HOSPITAL
02 IN SOMEONE ELSE'S HOUSE 07 IN AGA KHAN HOSPITAL
03 IN AN ESTATE MATERNITY UNIT 08 IN A PRIVATE MATER-
04 IN PUMWANI HOSPITAL NITY HOME
05 IN KENYATTA HOSPITAL 09 OTHER (SPECIFY) _____

9.14 WHERE WAS THIS CHILD BORN?

1 IN THE MOTHER/SUBSTITUTE'S HOME
2 IN SOMEONE ELSE'S HOME
3 IN A GOVERNMENT CLINIC/HOSP.
4 IN A PRIVATE CLINIC/HOSP. 9 OTHER (SPECIFY) _____
5 IN A MISSION CLINIC/HOSP.

9.15 WHO ATTENDED THIS BIRTH?

1 A HEALTH WORKER - 4 FRIEND OR NEIGHBOUR
SISTER, DOCTOR, 5 NOT ATTENDED
MIDWIFE, CLINICAL OFFICER 6 OTHER (SPECIFY) _____
2 TRADITIONAL MIDWIFE
3 A FAMILY MEMBER/RELATIVE

9.16 IS THIS CHILD A TWIN OR TRIPLET?

1=YES, A TWIN 2=YES, A TRIPLET 3=NO, A SINGLE BIRTH

INTERVIEWERS NOTE: FOR MOTHER SUBSTITUTES ONLY

9.17 RELATIONSHIP OF MOTHER SUBSTITUTE TO CHILD

1 GRANDMOTHER 2 AUNT 3 OLDER SISTER/BROTHER 4 FATHER
5 OTHER RELATIVE 6 OTHER NON RELATIVE

10. ANTHROPOMETRY AND CHILD HEALTH

10.1 CHILD'S LENGTH TO THE NEAREST .5 CM.

10.2 CHILD'S WEIGHT TO THE NEAREST .1 KG.

10.3 HAS THIS CHILD EVER STAYED IN HOSPITAL OVERNIGHT FOR A
SICKNESS? 1=YES 2=NO (GO TO 10.6)

10.4 FOR WHAT ILLNESS? SICKNESS 1

10.5 SICKNESS 2

01 DIARRHEA 07 MEASLES
02 VOMITING 08 MALARIA
03 FEVER 09 SKIN PROBLEMS
04 COUGH 10 EYE PROBLEMS
05 COLD 11 OTHER (SPECIFY) _____
06 PNEUMONIA 09 DOESN'T KNOW

10.6 HAS THIS CHILD HAD ANY SICKNESS IN THE LAST 2 WEEKS?

1=YES 2=NO (GO TO SECTION 11)

10.7 WHAT SICKNESS? SICKNESS 1

10.8 SICKNESS 2

- 01 ENGORGED BREASTS
- 02 SORE NIPPLES
- 03 BREAST INFECTION (MASTITIS OR ABSCESS)
- 04 INSUFFICIENT MILK (CONTINUE WITH QUESTION 11.14)
- 05 TOO MUCH MILK
- 06 LEAKING
- 07 BABY DIDN'T LIKE IT
- 08 MILK NEVER CAME IN
- 09 OTHER (SPECIFY) _____

INTERVIEWERS NOTE: QUESTIONS 11.14, 11.15 ONLY FOR MOTHERS MENTIONING RESPONSE 04 - INSUFFICIENT MILK IN QUESTIONS 11.11, 11.12, 11.13

11.14 HOW DID YOU KNOW THAT YOU DID NOT HAVE ENOUGH MILK?
REASON 1

11.15 REASON 2

- 01 BABY CRIED SOON AFTER BREASTFEEDING/WAS RESTLESS/NOT SATISFIED
- 02 BABY WASN'T GROWING FAST ENOUGH
- 03 BREASTS DIDN'T GET FULL OR FAT ENOUGH
- 04 A RELATIVE OR FAMILY MEMBER ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 05 A HEALTH WORKER ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 06 A NEIGHBOUR OR FRIEND ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 07 A TRADITIONAL MIDWIFE ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 08 MILK DIDN'T COME IN
- 09 OTHER (SPECIFY) _____

11.16 HOW LONG AFTER THIS BABY WAS BORN WAS IT FIRST PUT TO YOUR BREAST?

HOURS 1 _ _ _ 977=DOESN'T KNOW

DAYS 2 _ _ _

11.17 IS THIS BABY CURRENTLY BEING BREASTFED?
1=YES 2=NO (GO TO 11.21)

11.18 DOES THIS BABY GET BREAST MILK BOTH DURING THE DAY AND AT NIGHT? 1=BOTH DAY AND NIGHT 2=DAY ONLY 3=NIGHT ONLY

11.19 HAVE YOU EVER GIVEN THIS BABY ANYTHING TO EAT OR DRINK (INCLUDING WATER) OTHER THAN BREASTMILK?
1=YES 2=NO (GO TO SECTION 12)

11.20 HOW OLD WAS THIS BABY WHEN YOU FIRST GAVE IT ANYTHING TO EAT OR DRINK OTHER THAN BREASTMILK? (GO TO SECTION 12)

DAYS 1 _ _ _ .977=DOESN'T KNOW

WEEKS 2 _ _ _

MONTHS 3 _ _ _

ONLY FOR BABIES WHO HAVE STOPPED BREASTFEEDING

11.21 HOW OLD WAS THIS BABY WHEN IT COMPLETELY STOPPED BREASTFEEDING? (NOT EVEN BREASTFEEDING ONCE A DAY)

DAYS 1 _ _ _ MONTHS 3 _ _ _

WEEKS 2 _ _ _ 977=DOESN'T KNOW

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11.22 HOW OLD WAS THIS BABY WHEN YOU FIRST GAVE IT ANYTHING (EVEN WATER) OTHER THAN BREASTMILK TO EAT OR DRINK?

DAYS 1 _ _ 977=DOESN'T KNOW
WEEKS 2 _ _
MONTHS 3 _ _

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11.23 WHY DID YOU STOP BREASTFEEDING THIS BABY? REASON 1
REASON 2

- 01 NOT ENOUGH MILK (CONTINUE WITH QUESTION 11.24)
- 02 CHILD REFUSED THE BREAST)
- 03 CHILD WAS OLD ENOUGH)
- 04 MOTHER DID NOT LIKE IT)
- 05 CHILD STARTED EATING SOLID FOODS)
- 06 MOTHER BECAME PREGNANT)
- 07 ILLNESS OF CHILD) GO TO SECTION
- 08 DEATH OF BABY) 12
- 09 ILLNESS OF MOTHER)
- 10 MOTHER'S RETURN TO WORK)
- 11 PROBLEMS WITH BREASTS)
- 12 SEPARATION OF MOTHER AND CHILD)
- 13 BREASTMILK WAS NO GOOD)
- 14 OTHER (SPECIFY) _____)

INTERVIEWERS NOTE: QUESTIONS 11.24 -11.26 ONLY FOR MOTHERS MENTIONING 01 INSUFFICIENT MILK IN QUESTION 11.23

11.24 HOW DID YOU KNOW THAT YOU DID NOT HAVE ENOUGH MILK?
REASON 1

11.25 REASON 2

- 01 BABY CRIED SOON AFTER BREASTFEEDING/WAS RESTLESS/
NOT SATISFIED
- 02 BABY WASN'T GROWING FAST ENOUGH
- 03 BREASTS DIDN'T GET FULL OR FAT ENOUGH
- 04 A RELATIVE OR FAMILY MEMBER ADVISED YOU THAT YOU
DIDN'T HAVE ENOUGH
- 05 A HEALTH WORKER ADVISED YOU THAT YOU DIDN'T HAVE
ENOUGH
- 06 A NEIGHBOUR OR FRIEND ADVISED YOU THAT YOU DIDN'T
HAVE ENOUGH
- 07 A TRADITIONAL MIDWIFE ADVISED YOU THAT YOU DIDN'T
HAVE ENOUGH
- 08 MILK DIDN'T COME IN
- 09 OTHER (SPECIFY) _____

11.26 HOW OLD WAS THE BABY WHEN YOU DECIDED THAT YOU DID NOT HAVE ENOUGH BREASTMILK?

DAYS 1 _ _ ' 977=DOESN'T KNOW
WEEKS 2 _ _
MONTHS 3 _ _

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HASH TOTAL

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12. BREASTMILK SUBSTITUTES

12.0 CLUSTER NUMBER

HOUSEHOLD NUMBER

CHECK DIGIT (INTERVIEWERS LEAVE BLANK), RECORD NUMBER

MOTHER'S I.D. NUMBER

112

		2	4

- 07 ADVISED TO USE IT BY A HEALTH WORKER
- 08 ADVISED TO USE IT BY A TRADITIONAL MIDWIFE
- 09 HAS USED IT WITH PREVIOUS BABIES
- 10 IT WAS THE KIND GIVEN TO THE BABY IN THE CLINIC/HOSP.
- 11 RECEIVED A FREE SAMPLE OF IT
- 12 OTHER (SPECIFY) _____
- 13 NO PARTICULAR REASON

12.26 WHERE DO YOU BUY THIS FORMULA?

- 1 DUKA
- 2 SUPERMARKET
- 3 DEPARTMENT STORE/FIXED PRICE STORE
- 4 CHEMISTS
- 5 KIOSK
- 6 MARKET STALL
- 7 OTHER (SPECIFY) _____

12.27 WHAT SIZE CONTAINER OF THIS FORMULA DO YOU USUALLY BUY?

_____ GRAMS

12.28 HOW LONG DOES THIS SIZE CONTAINER USUALLY LAST?

DAYS 1 _____ 977=DOESN'T KNOW

WEEKS 2 _____

MONTHS 3 _____

12.29 HOW MUCH DOES THIS SIZE CONTAINER COST? K.S. _____
997 = DOESN'T KNOW

12.30 DO ANY OTHER MEMBER OF THE HOUSEHOLD USE THIS FORMULA?
1=YES 2=NO

12.31 ABOUT HOW MANY TIMES IS THIS BABY FED FORMULA?
DURING THE DAY

12.32 AT NIGHT

12.33 WHO USUALLY FEEDS THIS BABY INFANT FORMULA?

- 1 BABY'S MOTHER
- 2 BABY'S GRANDMOTHER
- 3 BABY'S FATHER
- 4 BABY'S OLDER BROTHER/
SISTER
- 5 ANOTHER RELATIVE
- 6 NEIGHBOUR OR FRIEND
- 7 AYAH OR HOUSE HELPER
- 8 DAY CARE CENTRE WORKER
- 9 OTHER (SPECIFY) _____

12.34 HOW OLD IS THIS PERSON? _____ YEARS 97 = NOT APPLICABLE

12.35 HOW MANY FEEDING BOTTLES ARE THERE IN THIS HOUSEHOLD?

13.0 MIXED FEEDING

INTERVIEWERS NOTE: SECTION 13 ONLY FOR BABIES WHO ARE CURRENTLY BEING BREASTFED (YES TO 11.17) AND ALSO CURRENTLY GETTING EITHER COWS MILK (YES TO 12.4a) OR INFANT FORMULA (YES TO 12.19). OTHERWISE FILL ALL ZEROS.

13.1 AM I CORRECT THAT YOU ARE CURRENTLY BREASTFEEDING AND CURRENTLY GIVING YOUR BABY EITHER COWS MILK OR FORMULA (OR BOTH) 1=YES 2=NO (CLARIFY) _____

13.2 DO YOU USUALLY GIVE BOTH COWS MILK/FORMULA AND BREASTMILK AT THE SAME FEED? 1=YES 2=NO (GO TO 13.4)

13.3 WHICH DO YOU USUALLY GIVE FIRST?
1=BREASTMILK FIRST 2=COWS MILK/FORMULA FIRST

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13.4 WHY DID YOU DECIDE TO GIVE YOUR BABY INFANT FORMULA AND/OR COWS MILK IN ADDITION TO BREAST MILK? REASON 1

13.5 REASON 2

- 01 NOT ENOUGH BREAST MILK (GO TO 13.6)
- 02 WAS ADVISED TO BY A RELATIVE)
- 03 WAS ADVISED TO BY A FRIEND OR NEIGHBOUR)
- 04 WAS ADVISED TO BY A HEALTH WORKER)
- 05 WAS ADVISED TO BY A TRADITIONAL MIDWIFE)
- 06 THINKS THAT COWS MILK OR FORMULA HELPS THE) GO TO
BABY GROW) 13.7
- 07 THINKS THAT COWS MILK OR FORMULA IS GOOD FOR)
THE BABY)
- 08 OTHER (SPECIFY) _____)
- 09 NO REASON)

13.6 WHY DID YOU THINK THAT YOU DIDN'T HAVE ENOUGH BREASTMILK?

- 01 BABY CRIED SOON AFTER BREASTFEEDING/WAS RESTLESS/NOT SATISFIED
- 02 BABY WASN'T GROWING FAST ENOUGH
- 03 BREASTS DIDN'T GET FULL OR FAT ENOUGH
- 04 A RELATIVE ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 05 A FRIEND OR NEIGHBOUR ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 06 A HEALTH WORKER ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 07 A TRADITIONAL MIDWIFE ADVISED YOU THAT YOU DIDN'T HAVE ENOUGH
- 08 MILK DIDN'T COME IN
- 09 OTHER (SPECIFY) _____

13.7 DO YOU THINK THAT THIS BABY GETS MORE OF ITS FOOD FROM BREASTMILK, MORE FROM COWS MILK/FORMULA, OR EQUAL PARTS FROM BOTH?

- 1 MORE FROM BREASTMILK
- 2 MORE FROM COWS MILK/FORMULA
- 3 EQUAL PARTS FROM BOTH

14 COMMERCIAL CEREALS

14.1 HAVE YOU EVER GIVEN THIS BABY CEREAL FROM A TIN OR PACKAGE?
1=YES 2=NO (GO TO SECTION 15)

14.2 WHAT WAS THE FIRST KIND THAT THIS BABY WAS FED?

- 1 CERELAC
- 2 FAREX WEANING FOOD
- 3 FARLEY'S CEREALS
- 4 ROBINSON'S CEREAL/BABY FOOD
- 5 COW AND GATE BABY RUSKS
- 6 OTHER (SPECIFY) _____

14.3 HOW OLD WAS THIS BABY WHEN YOU FIRST GAVE IT THIS CEREAL?

DAYS 1 -- 977=DOESN'T KNOW

WEEKS 2 --

MONTHS 3 --

14.4 ARE YOU CURRENTLY FEEDING YOUR BABY A CEREAL FROM A TIN OR PACKAGE?

1=YES 2=NO (GO TO SECTION 15)

14.4A WHAT KIND IS THE BABY CURRENTLY BEING FED?

- 1 CERELAC
- 2 FAREX WEANING FOOD
- 3 FARLEY'S CEREAL
- 4 ROBINSON'S CEREAL/BABY FOOD
- 5 COW AND GATE BABY RUSKS
- 6 OTHER (SPECIFY) _____

14.5 IS THIS BABY USUALLY GIVEN THIS KIND OF CEREAL OR IS IT
SOMETIMES GIVEN OTHER KINDS?
1=USUALLY THIS KIND ONLY 3=FED ANY KIND
2=SOMETIMES OTHER KINDS

14.6 WHY IS THE BABY GIVEN THIS KIND OF CEREAL REASON 1
14.7 INSTEAD OF SOME OTHER KIND? REASON 2
14.8 REASON 3

- 01 PRICE
- 02 AVAILABILITY
- 03 BABY LIKES IT BEST
- 04 THINKS IT'S BEST FOR THE BABY
- 05 ADVISED TO USE IT BY RELATIVES
- 06 ADVISED TO USE IT BY FRIENDS/NEIGHBOURS
- 07 ADVISED TO USE IT BY A HEALTH WORKER
- 08 ADVISED TO USE IT BY A TRADITIONAL MIDWIFE
- 09 HAS USED IT WITH PREVIOUS BABIES
- 10 IT WAS THE KIND GIVEN TO THE BABY IN THE CLINIC/HOSP.
- 11 RECEIVED A FREE SAMPLE OF IT
- 12 OTHER (SPECIFY) _____
- 13 NO PARTICULAR REASON

14.9 WHAT SIZE TIN/PACKAGE OF THIS CEREAL DO YOU USUALLY BUY?
 GRAMS

14.10 HOW LONG DOES THIS SIZE TIN/PACKAGE USUALLY LAST?

DAYS 1 _ _ 977=DOESN'T KNOW
WEEKS 2 _ _
MONTHS 3 _ _

14.11 DOES ANYONE ELSE IN THIS HOUSEHOLD USE THIS CEREAL?
 1=YES 2=NO

14.12 HOW MUCH DOES THIS SIZE TIN/PACKAGE COST? KS. _ _ _
 977=DOESN'T KNOW HASH TOTAL

15 CODED RECALL

15.1 CLUSTER NUMBER

15.2 HOUSEHOLD NUMBER

15.3 CHECK DIGIT (INTERVIEWERS LEAVE BLANK), RECORD NUMBER

15.4 MOTHER'S I.D.

15.5 CHILD'S I.D.

15.6 SORT NUMBER

15.7 WAS THIS CHILD GIVEN ANYTHING TO EAT OR DRINK FROM THE TIME
IT WOKE UP YESTERDAY MORNING UP THROUGH NOONTIME?
 1=YES
 2=NO (GO TO 15.14) 7=DOESN'T KNOW (GO TO 15.14)

15.8 WHAT WAS GIVEN? ITEM 1 _ _ NUMBER OF TIMES _

15.9 ITEM 2 _ _ NUMBER OF TIMES _

15.10 ITEM 3 _ _ NUMBER OF TIMES _

15.11 ITEM 4 _ _ NUMBER OF TIMES _

15.12 ITEM 5 _ _ NUMBER OF TIMES _

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FOOD CODES

- | | |
|------------------------------|---------------------|
| 01 BREASTMILK | 17 UGALI |
| 02 COWS MILK | 18 RICE |
| 03 INFANT FORMULA | 19 CASSAVA |
| 04 WATER | 20 POTATOES |
| 05 WATER W/SALT, SUGAR | 21 BANANAS |
| 06 GLUCOSE DRINK | 22 BREAD/BISCUITS |
| 07 SODA (SPRITE, COKE, ETC) | 23 EGGS |
| 08 SQUASH | 24 MEAT |
| 09 TINNED JUICE | 25 FISH |
| 10 FRESH JUICE | 26 BEANS, LEGUMES |
| 11 COFFEE | 27 OTHER VEGETABLES |
| 12 CHAI WITH MILK | 28 FRUITS |
| 13 CHAI WITHOUT MILK | 29 OTHER _____ |
| 14 UJI/PORRIDGE W/MILK | 30 OTHER _____ |
| 15 UJI/PORRIDGE W/OUT MILK | 31 OTHER _____ |
| 16 TINNED OR PACKAGED CEREAL | 32 OTHER _____ |

INTERVIEWERS -

- 15.13 FOR EACH ITEM IN 15.8-15.12 ASK HOW MANY TIMES THIS CHILD WAS GIVEN THAT ITEM AND CODE AS FOLLOWS
- | | | |
|-----------|-----------|-------------------|
| 1=ONCE | 4=4 TIMES | 7=7 TIMES |
| 2=2 TIMES | 5=5 TIMES | 8=8 OR MORE TIMES |
| 3=3 TIMES | 6=6 TIMES | 9=DOESN'T KNOW |

- 15.14 WAS THIS CHILD GIVEN ANYTHING TO EAT OR DRINK YESTERDAY AFTERNOON?
- 1=YES 2=NO (GO TO 15.21)
7=DOESN'T KNOW (GO TO 15.21)

- 15.15 WHAT WAS IT GIVEN? ITEM 1 _ _ NUMBER OF TIMES _
- 15.16 USE CODES ITEM 2 _ _ NUMBER OF TIMES _
- 15.17 FROM 15.8 ITEM 3 _ _ NUMBER OF TIMES _
- 15.18 ITEM 4 _ _ NUMBER OF TIMES _
- 15.19 ITEM 5 _ _ NUMBER OF TIMES _

INTERVIEWERS -

- 15.20 FOR EACH ITEM IN 15.15-15.19 ASK HOW MANY TIMES THIS CHILD WAS GIVEN EACH ITEM USING THE CODES FROM 15.13

- 15.21 WAS THIS CHILD GIVEN ANYTHING TO EAT OR DRINK YESTERDAY EVENING?
- 1=YES 2=NO (GO TO 15.28) 7=DOESN'T KNOW (GO TO 15.28)

- 15.22 WHAT WAS IT GIVEN ? ITEM 1 _ _ NUMBER OF TIMES _
- 15.23 USE CODES ITEM 1 _ _ NUMBER OF TIMES _
- 15.24 FROM 15.8 ITEM 3 _ _ NUMBER OF TIMES _
- 15.25 ITEM 4 _ _ NUMBER OF TIMES _
- 15.26 ITEM 5 _ _ NUMBER OF TIMES _

INTERVIEWER -

- 15.27 FOR EACH ITEM IN 15.22-15.26 ASK HOW MANY TIMES THIS CHILD WAS GIVEN EACH ITEM USING THE CODES FOR 15.13

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16.8 WHAT WERE YOU TOLD?

- 1 BEST TO FEED FORMULA OR COWS MILK
- 2 BEST TO BREASTFEED
- 3 BEST TO FEED BOTH
- 4 NEITHER TYPE OF FEEDING IS BETTER
- 5 DOESN'T REMEMBER

16.9 WAS THE BABY KEPT IN THE SAME ROOM AS THE MOTHER DURING THE FIRST DAY?

16.10 DURING THE FIRST NIGHT?

1=YES, SAME ROOM 2=NO, DIFFERENT ROOM

16.11 WHAT WAS THIS BABY FED IN THE HOSPITAL, MATERNITY UNIT/ HOME? FOOD 1

16.12 FOOD 2

16.13 FOOD 3

- 1 BREAST MILK
- 2 INFANT FORMULA
- 3 GLUCOSE AND WATER
- 5 OTHER (SPECIFY) _____
- 7 DOESN'T KNOW

16.14 WHO FED THE BABY?

- 1 MOTHER
- 2 HEALTH CARE WORKER
- 3 HLTH CARE WORKR. & MOTHER
- 4 OTHER (SPECIFY) _____
- 7 DOESN'T KNOW

16.15 IF INFANT FORMULA WAS USED, DO YOU REMEMBER THE KINDS OF INFANT FORMULA THAT WAS USED TO FEED THE BABY? KIND 1

- 01 NAN
- 02 LACTOGEN
- 03 COW AND GATE
- 04 OSTERMILK
- 05 SMA
- 06 S-26
- 07 ENFAMIL
- 08 SIMILAC ISOMIL
- 09 OTHER (SPECIFY) _____
- 97 DOESN'T REMEMBER

16.16 WHAT KINDS OF FEEDING DO YOU THINK THE HEALTH WORKERS FAVOURED, BREASTFEEDING, FORMULA FEEDING, OR BOTH?

- 1=BREASTFEEDING
- 2=BOTTLE FEEDING
- 3=BOTH BREAST AND BOTTLE FEEDING

16.17 DID ANY OF THE HEALTH WORKERS SUGGEST A CERTAIN KIND OF FORMULA TO USE

1=YES 2=NO (GO TO 16.19)

16.18 WHAT KIND WAS SUGGESTED?

- 01 NAN
- 02 LACTOGEN
- 03 COW AND GATE
- 04 OSTERMILK
- 05 SMA
- 06 S-26
- 07 ENFAMIL
- 08 SIMILAC ISOMIL
- 09 OTHER (SPECIFY) _____
- 97 DOESN'T KNOW

16.19 DID YOU PURCHASE INFANT FORMULA AT THE HOSPITAL OR CLINIC AT SPECIAL PRICE (DISCOUNT PRICE)?

1=YES 2=NO

16.20 DID YOU RECEIVE ANY FEEDING BOTTLES WHEN YOU LEFT THE HOSPITAL? 1=YES 2=NO

16.21 DID YOU RECEIVE ANY BOOKLETS ON INFANT FEEDING FROM THE HOSPITAL OR CLINIC?

1=YES 2=NO

HASH TOTAL

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