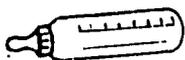
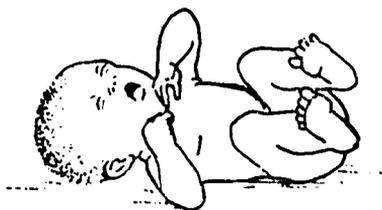




**RECOMMENDATIONS OF
THE KENYA NATIONAL WORKSHOP
ON INFANT FEEDING PRACTICES**



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ON
INFANT FEEDING PRACTICES

NYERI - 12 - 15 APRIL 1983

PRODUCED BY: WORKSHOP STEERING COMMITTEE

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PREFACE

This booklet contains the Recommendations of the Kenya National Workshop on Infant Feeding Practices, held in Nyeri from 12th until 15th April, 1983. It has been edited and approved by the Workshop Steering Committee on behalf of the Workshop participants, who unanimously ratified these recommendations at a plenary session on 15th April, 1983.

The summary gives an extract from the sometimes overlapping recommendations of the four study groups that prepared them. Repetition has been retained to emphasize those points considered important.

The Steering Committee, whose members are listed below, organized the Workshop. It is pledged to assist with the implementation of these recommendations.

Mr. K.O. Agunda	—	Central Bureau of Statistics
Dr. J. Bennett	—	UNICEF
Prof. N. Bwibo	—	University of Nairobi
Mr. T.C. Elliott	—	Central Bureau of Statistics
**Dr. J.G. Kigundu	—	Ministry of Health
*Dr. S.N. Kinoti	—	Medical Research Centre/KEMRI
Prof. M.C. Latham	—	Cornell University
Dr. J. Nyanzi	—	AMREF
Mr. G. Omondi	—	Ministry of Agriculture
Dr. C.H. Wood	—	AMREF

* Chairman Workshop Steering Committee

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1. INTRODUCTION

Between 1981 and 1983 a study of infant feeding practices and their determinants was conducted in Kenya by the Central Bureau of Statistics (CBS) and the African Medical and Research Foundation (AMREF). This was part of a four-country study undertaken by a consortium of three United States institutions — namely, Cornell University, Columbia University and the Population Council. The research was funded by the United States Agency for International Development (USAID). Professor Michael C. Latham of Cornell University, who is one of the three U.S. principal investigators, has collaborated with CBS and AMREF in Kenya on behalf of the consortium.

The research consisted of an ethnographic study in Nairobi, an investigation of the marketing of breastmilk substitutes, a study of the knowledge and practices of health professionals in Kenya, and finally a cross-sectional study of infant feeding practices of about 1,000 mother-child pairs living in the poorer areas of Nairobi.

As part of the research proposal, the consortium pledged to sponsor a national workshop to present the results and to discuss policy related to infant feeding. The Nyeri workshop was a fulfilment of that pledge.

1.1 *Objectives of the workshop*

The main objectives of the workshop were to present the findings of the Nairobi study on infant feeding practices, to view these new data in relation to current knowledge and the data from other investigations; to discuss the policy implications of the findings; and finally, to make recommendations and to formulate policies and programmes to improve infant feeding practices and young child health, based on the findings of this and other studies.

1.2 *Opening remarks*

The Director of Medical Services in the Ministry of Health, Dr. W.K. Koinange, spoke of the importance of child feeding, stating that local feeding practices must be examined carefully in the light of the many changes taking place in society today. In a speech read on his behalf by his senior deputy, Dr. S. Kanani, Dr. Koinange stressed that children's environment has to be considered when discussing breast feeding and other feeding practices.

Dr. Koinange emphasized that at the international level, and in the third world in particular, there are often food shortages, making the child's daily food intake inadequate. Child feeding is also affected by all the changes taking place in society. He urged consideration of maternal health in addition to sound nutrition for the proper health and growth of infants and young children. Dr. Kanani, on behalf of Dr. Koinange, welcomed the participants and assured them that their recommendations would be of great importance to the Ministry of Health and to other government institutions.

2. SUMMARY OF RECOMMENDATIONS

2.1 *Programmes and policies for training in health and in other disciplines related to infant feeding*

The workshop noted the importance of correct infant feeding, the decline in traditional infant feeding practices, the negative influences of some health workers and health institutions, and the failure to use current knowledge to improve infant feeding.

They recommend the preparation of a manual for infant feeding, to be distributed by the Ministry of Health to all health workers as well as to extension and other workers.

The manual should be concise and include explicit guidelines. Recommendations were made for a group to be responsible for the production of the manual, and for the use of the manual once produced. Suggestions for the subject areas of the manual and for its evaluation were also included.

2.2 Government regulations and other strategies related to marketing and distribution of breastmilk substitutes

The workshop appreciated the work completed by the committee studying the Kenya Code for Marketing of Breastmilk Substitutes which is expected to be ratified soon. The workshop strongly recommended that the provisions of the Code be enforced as soon as possible in the interests of infants, young children and mothers.

2.2.1 The Kenya Code should be ratified by the National Standards Council and be gazetted, as a matter of priority, and the Food, Drug and Chemical Substances Act be revised to include provisions for implementation of the Code. The Code should be published and distributed through the Ministry of Health; an abridged version for easy understanding, should be prepared for wider distribution; the Code should be publicized through the mass media.

2.2.2 The workshop recommended reductions in the importation and local manufacturing of feeding bottles, teats and related items. Amendments to the labelling section of the Code were also recommended.

2.2.3 To conserve scarce foreign exchange, infant formula in its finished form and other breastmilk substitutes covered by the Kenya Code should no longer be imported into Kenya, with the exception of special formulas which should be used only on the recommendation of a physician.

2.2.4 Donations of breastmilk substitutes and other products covered by the Kenya Code and entering the country through relief agencies are sometimes substandard and not appropriately labelled. For this reason recommendations were made to safeguard their use.

2.2.5 The government should continue controlling the price of breastmilk substitutes to be consistent with the goal of encouraging breast feeding.

2.3 *Policies and strategies to improve infant feeding through the health services*

2.3.1 Recommendations were made for ways to help mothers during the antenatal months, at the time of delivery and during the postnatal period. All health personnel and institutions would provide advice and support for breast feeding to mothers during pregnancy, immediately after delivery and postnatally. All infants should be breast fed as soon as possible after birth. No pre-lacteal feeds should be given, and supplementary feeds, including water, should not be provided to the infants in maternity facilities. Breast feeding should be on demand, rooming-in should be mandatory, feeding bottles should be prohibited in all health facilities in Kenya and every health institution should eliminate all commercial company influences, including posters and items such as 'Road to Health' charts which have company logos or company names on them.

2.3.2 It was recommended that weaning should be gradual. Breast feeding should continue while weaning foods are introduced between four and six months of age. Weaning foods should consist of locally produced foods, and should be provided by cup or by plate and spoon. These foods should be given frequently, and breast feeding on demand should

continue for 18 months or longer. Manufactured weaning foods are expensive, unnecessary, and should not be advertised or otherwise promoted.

2.3.3 During illness of either mother or infant, breast feeding should be continued. Mothers and infants should not be separated when either one is hospitalized.

2.3.4 The correct advice and treatment for mothers who complain of insufficient milk is reassurance that breast feeding is usually possible and adequate during the first four to six months, and that more frequent breast feeding is likely to stimulate increased breastmilk production. Supplementary infant feeds should not be recommended.

2.3.5 No oral or injectable contraceptives should be given to mothers during the first four months after delivery when they are exclusively breast feeding. When oral contraceptives are provided these should not contain oestrogen.

2.3.6 Mothers should eat larger amounts of their normal foods during pregnancy and lactation. There is no need to use special or purchased foods. Breast feeding information groups should be encouraged at the local level.

2.4 Policies related to women in paid employment

2.4.1 Women in wage-employment away from home often experience special difficulties with infant feeding, including breast feeding. It was recommended that women should continue breast feeding after they return to work.

2.4.2 All women employees should be given 2 months' paid maternity leave without forfeiture of annual leave due to them.

2.4.3 Employers should help women employees to continue to breast feed by providing time off or creches.

2.4.4 Research was recommended into the question of professional discrimination against women on account of pregnancy.

2.5 Programmes and policies related to public information and education to improve infant feeding

The workshop expressed deep concern over the ineffectiveness of the existing public nutrition education programmes as they relate to breast feeding and the inconsistent information provided.

2.5.1 It was recommended that the Ministry of Health should formulate a clear-cut set of guidelines relating to infant and maternal feeding practices, stressing the importance of breast feeding, and based on the standard manual (see 3.1.2).

2.5.2 Mass media should play a prominent role, and the messages used should be standardized and specific. They should be co-ordinated with the information contained in the manual recommended for training purposes. A special committee should be established for this purpose.

2.5.3 International donor agencies should be requested to provide technical and financial assistance for public education programmes on breast feeding.

3. PROGRAMMES AND POLICIES FOR TRAINING RELATED TO INFANT FEEDING — FOR STAFF IN HEALTH AND OTHER DISCIPLINES

3.1 *Preparation of a manual on infant feeding*

3.1.1 Justification

Recognizing the importance of correct infant feeding to the health of children, noticing the change in traditional infant feeding practices, realizing the negative influences of some health workers and health institutions on breast feeding, and noting with concern that the available knowledge on infant feeding is not being utilized, we recommend the following.

3.1.2 Recommendations

A standard manual for infant feeding should be prepared and issued by the Ministry of Health to all health workers and extension workers.

- a) This manual should be used in all basic training and continuing education programmes of health workers.
- b) The manual should cover the subject areas listed in 3.4.
- c) The manual should be concise (approximately 20 pages) and should be accompanied by a sheet of guidelines (not more than 2 pages).
- d) The manual should amplify the curriculum for nurses provided by the Nursing Council of Kenya.
- e) The following people were recommended to produce the manual, monitor its implementation, and evaluate its effectiveness:

- Ministry of Health, Dr. J.G. Kigundu
 - Breastfeeding Information Group, Ms. S. Nakissa
 - AMREF, Dr. C.H. Wood
 - Nursing Council of Kenya, Ms. L. Kanaiya
 - UNICEF, Dr. J. Bennett
 - KEMRI, Dr. S.N. Kinoti
- f) Dr. Felicity King will serve as consultant. She will draft the manual to be approved by the above group. UNICEF will be requested to finance this consultancy and the printing of the manual.
- g) The draft manual should be ready for review by the end of July 1983, and the manual should be ready for issue by the end of August.

3.2 *Use of the manual*

3.2.1 Justification

The health institutions where the training of health personnel is conducted must be responsible for making sure the manual is used correctly. Effective training requires appropriate practical experience as well as theoretical teaching. It is therefore essential that the health institutions where training takes place should themselves be brought into line with the practices described in the manual and the recommendations of this workshop.

3.2.2 Recommendations

- a) The National Family Welfare Centre (NFWC) will sponsor 2-3 day seminars for nurse tutors and for all those responsible for services where practical training is undertaken. The Breastfeeding Information Group and others will be requested to assist in these courses to prepare trainers in how to use this manual effectively.

- b) The following groups will be responsible for incorporating the manual into the training programmes for their students:
- Nurses; Nursing Council of Kenya
 - Nutrition Field Workers; Senior Nutritionist, Ministry of Health and Karen College
 - Clinical Officers; Principal, Medical Training Centre
 - Agricultural Extension Workers and Home Economists; Head of Home Economics, Ministry of Agriculture
 - Social Workers, Community Development Assistants, Youth Officers, Family Life Training Workers, and others in the Ministry of Culture and Social Services; the Commissioner for Social Services, the Social Development Department, and the Director of the Department of Adult Education
 - Staff of the Kenya Institute of Education, and the Kenya Teacher-Training Colleges; the Director and Principal of these institutions
 - Family Health Field Educators and Lay Educators; Training Divisions of the National Family Welfare Centre and Family Planning Association of Kenya
 - Undergraduate and Post-Graduate Students of the University of Nairobi Medical School; Deans and Heads of relevant departments (eg: Obstetrics, Paediatrics, Community Health, etc.)
 - Students of the Department of Advanced Nursing; Head of Department of Nursing
 - Students of the Home Economics Department and Education Department at the Kenyatta University College; Heads of Departments of Home Economics and Education

In addition, the workshop recommends that the mass media be informed of the existence of the manual and how to use it. This would include local newspapers and magazines and the Ministry of Information and Broadcasting.

3.3 *Evaluation of the manual*

3.3.1 Justification

To ensure the best use of the manual, we make the following recommendations.

3.3.2 Recommendations

- a) The National Family Welfare Centre in the Ministry of Health and the Breastfeeding Information Group (BIG) will monitor the implementation of these programmes through basic and continuing education programmes.
- b) The group appointed under paragraph 3.1.2 will evaluate and report the progress of implementation to the Director of Medical Services one year after the distribution of the manual.
- c) Evaluation should be undertaken at the following stages:
 - i) preparation, pretesting and printing of the manual
 - ii) distribution of the manual
 - iii) incorporation of the manual into the curricula
 - iv) extent of use of the manual
 - v) assessment of the knowledge, attitudes, skills and practices of health and extension workers on infant feeding
 - vi) assessment of infant feeding practices in health institutions with respect to rooming-in, bottle feeding and teaching mothers about infant feeding.

3.4 *Manual content*

The manual should cover:

- a) Socio-cultural beliefs and practices with respect to infant feeding.
- b) Mechanisms of lactation (anatomy and physiology).
- c) Economic aspects of infant feeding in terms of cost benefits to families.
- d) The weaning process including supplementary and complementary feeds and practices associated with the weaning period.
- e) Management of breast feeding in:
 - i) normal situations (no problems)
 - ii) problematic situations
 - iii) counselling (the interviewing process/communication skills).
- f) Advantages of breast feeding.
- g) Kenya Code for Marketing of Breastmilk Substitutes.
- h) Rooming-in facilities, both in institutions and in homes.
- i) Images/values/attitudes influencing breast feeding.
- j) The role of a health worker with respect to protection and promotion of breast feeding.

- k) Obstacles to successful breast feeding:
 - i) psychological
 - ii) social
 - iii) medical.
- l) The relationship of breast feeding to the return of fertility.
- m) The organization of health services with reference to infant feeding.
- n) The use of artificial foods.
- o) Infant feeding practices and patterns, and their effect on children's growth and development.
- p) Nutrition of expectant and lactating women.
- q) The management of the nutrition needs of a sick child.

4. GOVERNMENT REGULATIONS AND OTHER STRATEGIES RELATED TO MARKETING AND DISTRIBUTION OF BREASTMILK SUBSTITUTES

4.1 Kenya Code for Marketing of Breastmilk Substitutes

4.1.1 Justification

This workshop very much appreciates the work so far done by the Baby Foods Technical Committee of the Kenya Bureau of Standards (KBS) on the Kenya Code for Marketing of Breastmilk Substitutes. However, bearing in mind how the findings of the papers presented in this workshop affect lactating women, the workshop feels that there is a need to specify steps for the implementation and monitoring of this Code.

The final draft of this Code, based on the WHO/UNICEF International Code, has been produced by the KBS Baby Food Technical Committee. This draft is now to be presented to the National Standards Council of KBS, which is expected to ratify it and have it gazetted by the Ministry of Industry.

There are three acts of parliament under which the Kenya Code will be implemented:

- a) The Standards Act (Cap. 496).
- b) The Food, Drug and Chemical Substances Act (Cap. 254).
- c) The Trades Description Act (Cap. 505).

Given that these acts already exist, there is a need now for the relevant ministries to provide subsidiary legislation which would be applicable under these acts.

Although it is generally agreed that most of the monitoring of the contents of the Code will lie with the Ministry of Health, there are some sections of the Code for which the monitoring will also fall under the jurisdiction of the Ministries of Industry and Commerce.

The workshop feels a great sense of urgency in the implementation of the Kenya Code for Marketing of Breastmilk Substitutes and voices its concern about the problems of its successful monitoring and enforcement. To expedite implementation and address these concerns, we make the following recommendations.

4.1.2 Recommendations

- a) The Kenya Code for the Marketing of Breastmilk Substitutes should be amended, taking into consideration the recommendations of this workshop.
- b) The Code should be ratified by the National Standards Council and be gazetted under the Standards Act as a matter of priority.
- c) The Food, Drugs and Chemical Substances Act should be revised to include provisions for implementation of the Code.
- d) The Trades Description Act should be revised to enable implementation of those clauses in the Code that refer to aspects of trade ethics.
- e) The Code should be published under the auspices of the Kenya Bureau of Standards as a Kenya Standard Code, and distributed through the Ministry of Health to all concerned organizations.
- f) For easier understanding and wider distribution an abridged version of the Code, containing the main points, should be prepared by the Kenya Bureau of Standards and the Ministry of Health, with possible assistance from UNICEF.

4.2.2 Recommendations

- a) Restricting the import of feeding bottles, teats, auxillary utensils and equipment for their use by requesting that the Ministry of Commerce move these items from their 'priority' to 'non-priority' list of imported goods.
- b) Restricting the local manufacture of feeding bottles, teats, auxillary utensils and equipment by requesting that the Ministry of Industry neither issue new licences nor renew existing ones for the manufacture of these items.
- c) That the labelling section of the pending Kenya Code for Marketing of Breastmilk Substitutes be amended to specify that:
 - i) feeding bottles not be represented pictorially on labels
 - ii) all labels specify instructions for cup and spoon feeding only
 - iii) the words 'bottles', 'feeding bottles' and 'teats' do not appear on the label
 - iv) the words 'cup and spoon feeding is the safest way to use this product' do appear on the label.

4.3 *Importation of infant formula*

4.3.1 Justification

It is unnecessary to use scarce foreign exchange to purchase non-essential products which may negatively affect breast feeding. It therefore seems advisable to reduce the amount of breastmilk substitutes available in Kenya. Since most (85%) of the infant formula used in Kenya is manufactured here, and Kenya is able to produce locally an adequate supply of breastmilk substitutes to meet current demand, we make the following recommendations.

- g) Implementation of the major aspects of the Code is the responsibility of the Ministry of Health, the Ministry should establish appropriate implementation and supervisory techniques. In particular, it is suggested that, to monitor compliance with the Code, a committee be formed to include representatives from the Office of the President, Attorney General's Chambers, Ministry of Commerce, Ministry of Health, Ministry of Social Services, the Kenya Bureau of Standards, and the Interministerial Nutrition Committee.
- h) The Kenya Bureau of Standards should develop quality commodity standards where these are not yet elaborated, to enable proper implementation of the Code on the quality of breastmilk substitutes.
- i) The Code's labelling requirements should be implemented through both the Ministry of Health and the Kenya Bureau of Standards.
- j) The existence of the Code, its contents and objectives, should be publicized through the mass media, and through training institutions for health workers.

4.2 *Availability of feeding bottles*

4.2.1 Justification

Because medical experts agree that cup and spoon feeding is the safest method of using breastmilk substitutes, and because survey results suggest that the ease of bottle feeding ("the baby feeds itself") encourages the unnecessary use of breastmilk substitutes to the detriment of breast feeding, we make the following recommendations.

4.3.2 Recommendations

- a) That infant formula and other breastmilk substitutes covered by the Kenya Code no longer be imported into Kenya and that this be achieved by requesting that the Ministry of Commerce not grant any new import licences for these products or renew existing licences.
- b) That an exception to 4.3.2 a) above be made for special formula as covered in recommendation 4.4.2.

4.4 *Special formula*

4.4.1 Justification

Because the need for, and use of, special formulas (such as lactose-free formula) could be misunderstood by the public, and because these products should only be used on the recommendation of approved medical personnel, we make the following recommendations.

4.4.2 Recommendations

That all special formula be distributed only through pharmacies and be added to the list of items on prescription.

4.5 *Donated foods*

4.5.1 Justification

Because donations of breastmilk substitutes and other products covered by the Kenya Code enter the country through voluntary and relief agencies, and embassies, and because some of these products have been found to be sub-standard, not labelled in line with the Kenya Code, or inappropriate, and because these supplies may be distributed routinely to mothers, we make the following recommendations.

4.5.2 Recommendations

- a) That these products be approved by the appropriate sub-committee of the Inter-Ministerial Co-ordinating Committee on Food and Nutrition.
- b) That a circular to this effect be sent to the administrators of health institutions, embassies and voluntary organizations..
- c) A circular should be sent to health workers to the effect that distribution on these products should not be done on a routine basis, and that mothers should be discouraged from relying on these donated supplies.

4.6 *Price controls*

4.6.1 Justification

Because the small percentage of mothers needing to use breastmilk substitutes are found at all income levels, and because of the infant formula market's dominance by one company in Kenya, we make the following recommendations.

4.6.2 Recommendations

- a) That the government continue its policy of controlling the price of breastmilk substitutes.
- b) That the setting of prices for these products is consistent with the goal of discouraging the use of these products to the detriment of breast feeding, and to this end that the Ministry of Finance confer with the Inter-Ministerial Co-ordinating Committee on Food and Nutrition before granting requests for price changes.

5. POLICIES AND STRATEGIES TO IMPROVE INFANT FEEDING THROUGH THE HEALTH SERVICES

5.1 *Practices and teaching provided to mothers during the antenatal period, at delivery, and during the post-natal period*

5.1.1 Justification

Research conducted in Kenya indicates that there is inadequate support for, and promotion of, appropriate infant feeding practices, including breast feeding, by both health institutions and health personnel (i.e. obstetricians, nurses, midwives, traditional birth attendants and others). In particular there is insufficient education about proper diets for pregnant women and lactating mothers. Adequate preparation for breast feeding is grossly inadequate, especially in urban areas where traditional support for breast feeding may be absent.

Many maternity units, especially private ones, have no rooming-in facilities. This leads to separation of babies from their mothers which may cause difficulties in the initiation and proper establishment of breast feeding. In these circumstances artificial feeding is often used.

It is clear that, although advertising of breastmilk substitutes was stopped in 1974, there is still extensive promotion of infant formula and other breastmilk substitutes using posters, calendars, educational materials, and free samples. Contact between company representatives and health workers is still frequent. The provision of commercial gift packs to mothers in hospital still continues. All these promotional activities are against the spirit of the Code and many are not allowed. All may contribute importantly to the early introduction of breastmilk substitutes which has been found to be common, particularly in urban areas.

It is clear that many health workers themselves are resorting to early bottle feeding of their infants. This may

lead mothers, who have a poor home environment and inadequate funds to purchase sufficient formula, to copy them. Health personnel should try to practice what they preach.

5.1.2 Recommendations related to the antenatal period

- a) Consistent, specific and reliable advice on infant feeding should be provided during the antenatal period. This should include psychological support and proper preparation for breast feeding.
- b) Obstetricians and others should provide authoritative advice and encourage breast feeding during their contact with women antenatally and in hospital after delivery. Some obstetricians and other senior medical staff need to be re-educated on the subject of desirable infant feeding practices.
- c) Dissemination of current information on infant feeding practices should be made at facilities of the Ministry of Health, and also at city, private and mission health institutions. These efforts should be the responsibility of all personnel dealing with pregnant women and with postnatal mothers.
- d) Outside the health institutions, efforts should be made to see that traditional birth attendants, community health workers and others provide similar advice, and consistent information to pregnant and lactating women. All advice and information should aim to support, protect and promote breast feeding.
- e) The manual which is proposed earlier in these recommendations should form the basis for the provision of consistent, sound information by all levels of health workers to antenatal and postnatal mothers.

5.1.3 Recommendations related to the time of delivery and postnatal period

- a) Infants should be breast fed as soon as possible following birth, preferably within the first hour. All healthy infants should be breast fed at least within the first six hours after birth.
- b) Mothers should have full and unrestricted access to their infants through rooming-in arrangements from birth onwards. All hospitals should allow newborn infants to stay with their mothers.
- c) Pre-lacteal feeds given shortly after birth – either of traditional (e.g. honey) or modern (e.g. glucose) type – should be prohibited in all but exceptional cases.
- d) No supplementary feeds of water or other substances should be given to normal infants in maternity facilities.
- e) Mothers in maternity facilities should be encouraged to feed on demand.
- f) All commercial promotion of breastmilk substitutes through maternity units should be stopped. This includes the provision of samples, gift packs, posters and calendars to institutions, mothers and health workers. The Ministry of Health should, for example, cease to use 'Road to Health' charts with company logos or names, and should use those without commercial identification on them. If companies wish to provide assistance or contributions to the Ministry of Health for such materials, this should be in the form of funds, with no obligation to identify the company or materials made available to the public.

- g) All advice, verbal and written, should state that breast feeding should be exclusive for a minimum of four months, that other foods should be introduced gradually between four and six months of age, and that breast feeding should continue for as long as possible.
- h) The use of feeding bottles should be prohibited in all health facilities in Kenya.
- i) Implementation of these recommendations concerning hospital, maternity unit and other health institutional practices should be achieved in part by including them in a directive issued by the Director of Medical Services, and this should be binding on all government, mission and private health facilities.

5.2 Practices related to the weaning period

5.2.1 Justification

There is a widespread use of commercially manufactured weaning foods in Kenya. These are expensive and unnecessary, yet many mothers falsely believe that they are superior to locally prepared and available weaning foods. These commercial foods are often introduced very early, sometimes in the first two months, and they then interfere with breast feeding. In all parts of the country suitable local foods are available for feeding to young children. They are quite easy to prepare and often are of high nutritional value. They are based on cereal grains such as maize, millet or wheat flour, and are much cheaper than the commercial products.

5.2.2 Recommendations

- a) Breast feeding should continue while gradual weaning is introduced.

- b) A specially prepared weaning food is necessary from four to six months onwards, and should be given by cup or by plate and spoon.

Such a food should be locally prepared and based on:

- i) a cereal – uji base – of medium thickness
 - ii) fresh, mashed green leaves
 - iii) the gradual introduction of legumes or groundnuts, well cooked and mashed.
- c) The weaning and other foods introduced should be fed at frequent intervals, at least four times per day, and in gradually increasing amounts to satisfy both the appetite and nutritional needs of the child. Attention should be paid to the calorie density and bulk of the weaning food. Where possible the addition of locally available fats and oils is strongly recommended.
- d) The advertising and promotion of commercial weaning foods should be prohibited. This includes the distribution of free samples and the inclusion of pictures of health personnel or healthy babies on commercial food packages. In general mothers should be discouraged from using commercial weaning foods.
- e) Health workers of all kinds should be taught about the proper use of weaning foods, and in turn should educate the public and provide information consistent with these recommendations and with that in the manual.

5.3 *Infant feeding during illness*

5.3.1 Justification

There is now strong scientific evidence to show that withholding of food, including breast feeding, is not necessary

and is often harmful for sick infants and young children. Past medical practice and certain traditional practices which lead to the starvation or reduction of food consumed by infants and children with diarrhoea, fever or other illness is wrong. Breast feeding and the provision of other normal feeding should be encouraged for all sick infants and children. This may contribute to earlier cure, and will help reduce the risks of malnutrition following recovery. In the case of diarrhoea and certain other illnesses, more dilute feeds and more frequent feeding may be beneficial for a few days.

Similarly, very few diseases in the lactating mother are reasons for her to discontinue breast feeding her infant. Therefore, sick mothers should be encouraged to continue breast feeding their babies.

In general, then, there are practically no contraindications to continued breast feeding in cases of illness either of the mother or the infant.

5.3.2 Recommendations related to feeding during illness

- a) Breast feeding should be continued during illness of the child.
- b) Infants not being breast fed should continue to be fed soft foods; the frequency of feeds should be increased but the size of feeds be made smaller.
- c) Other easily available fluids, such as plain water, madafu, etc., should be given. Where oral rehydration solutions are available these may be used with proper dilution.
- d) When hospitalized, it is desirable for mothers to remain with their infants and young children for purposes of feeding, etc. Where necessary, hospital practice must be altered to allow this.

5.4 *Insufficient milk (where the infant being fed is less than four months old)*

5.4.1 Justification

Many mothers in the first few months after delivery believe that they have insufficient milk. This is a common reason both for the too-early introduction of breastmilk substitutes and is a frequent cause of total weaning from the breast.

In practice many physicians and health workers, when consulted by mothers complaining of insufficient milk, have in the past advocated that mothers supplement their breast feeding with formula or other breastmilk substitutes. Such advice is generally wrong. The introduction of food other than breastmilk will contribute to a decline in breastmilk production.

The correct advice to give is to assure the mother that breast feeding can, in the first four to six months, provide adequate food for the infant by itself. She should be told to put the infant to the breast more frequently and for longer periods. This increased sucking will stimulate breastmilk production. It may cure the problem of insufficient milk but at the same time it is important to follow the growth of the infant. Weight gain in a baby receiving only breastmilk provides proof that breastmilk is sufficient.

There is much evidence to suggest that when mothers are encouraged by industry, by physicians and others to supplement breast feeding in the first few months, this is an important cause of insufficient milk.

Mothers sometimes believe that their breastmilk is too thin, too watery, or is not of good quality. Some mothers blame it on sexual intercourse, or believe that eating particular foods and indulging in certain other practices during lactation may all make their breastmilk unsuitable for infant feeding. Others believe that milk from one breast is not good. They may, for these reasons, stop or reduce breast feeding.

There is good scientific evidence to show that these are not good reasons for discontinuing breast feeding, although breastmilk may vary somewhat in its composition from mother to mother, and at certain times in lactation. Nevertheless, all breastmilk is nutritious and all is suitable for infant feeding.

5.4.2 Recommendations relating to insufficient milk

- a) Mothers complaining of insufficient milk should be advised to breast feed their infants more frequently and for longer periods of time.
- b) Advice to provide formula or other breast feeding supplements should not be given to mothers when they first complain of insufficient milk.
- c) Where possible, infants of mothers complaining of insufficient milk should have their infant's weight monitored. Supplements should be recommended only if there is failure to gain weight after an attempt to increase breast-milk production.
- d) Mothers should be assured that breastmilk is always of good quality, and that there are practically no contraindications for breast feeding.

5.5 *Contraception and spacing of births in a breast feeding mother*

5.5.1 Justification

It was noted that oral contraceptives containing oestrogens are widely available in Kenya. Oestrogen-containing contraceptives have an effect on the quality and quantity of breastmilk. It is known also that continuous lactation has a contraceptive effect, and helps to reduce the chances of an early pregnancy.

5.5.2 Recommendations related to contraceptive practices

- a) Preferably no oral or injectable contraceptives should be given during the first four months after delivery, provided the mother is exclusively breast feeding her infant.
- b) When oral or injectable contraceptives are initiated, only those containing progesterones and no oestrogens should be provided.

5.6 *Mothers' nutrition during pregnancy and lactation*

5.6.1 Justification

It was noted that some mothers suffer from nutritional deficiencies during pregnancy and lactation. It was observed that concern over this problem may lead to use of expensive commercially-prepared additional foods by such mothers.

5.6.2 Recommendations related to mothers' nutrition

- a) During pregnancy and lactation a mother should consume greater quantities of her normal diet, provided that it is balanced. Traditional practices of providing extra amounts of locally available food to lactating mothers and reduction of her activities are desirable and should be encouraged.
- b) The use of special or manufactured foods by lactating women should be discouraged.
- c) The formation of breast feeding information groups should be strongly encouraged at the village level. They should assist in the monitoring of health and nutrition at the village level. Use of village-level development committees, of community health workers and others to promote sound advice should also be encouraged and be used to advise mothers about their own diets and about proper infant feeding.

6. POLICIES RELATED TO WOMEN IN PAID EMPLOYMENT

6.1.1 Justification

Women in wage employment in Kenya experience special difficulties in relation to the maintenance of desirable patterns of infant feeding. The prolonged daily separation of a breast feeding mother from her infant, following her return to work after the normal maternity leave, prevents the continuation of a pattern of exclusive breast feeding which may have been successfully established. For this reason, it is impossible for most women in wage employment in Kenya to breast feed their infants exclusively for the medically-recommended period of four to six months. In recognition of the economic and medical desirability of prolonged breast feeding, the protection and rights of the working mother and her children are of great importance. It should be noted that objections are likely to be raised on economic grounds to major alterations in existing labour legislation.

6.1.2 Recommendations

- a) All women employees should be given two months' paid maternity leave without forfeiture of annual leave.
- b) A request should be forwarded to the Director of Personnel Management, Office of the President, to consider initiation of legislation consistent with the above recommendation concerning maternity leave.
- c) Mothers should continue breast feeding after their return to work and should use breastmilk substitutes only when required for feeding while the mother is at work. Working mothers should attempt to breast feed immediately before going to work and also in the evening, at night and during weekends.

- d) Employers should be encouraged to provide time during the working day for breast feeding of infants of working mothers. Where feasible, they should also facilitate the establishment of crèches at work places, where breast feeding infants can be cared for by reliable caretakers, and breast feeding can take place.
- e) Wherever feasible, groups and individuals concerned with infant feeding problems among working women should work through trade unions and other appropriate representative organizations to influence employers to institute working conditions favourable to breast feeding by women workers.
- f) There is a need for research into the question of professional discrimination against working women because of pregnancy.

7. PROGRAMMES AND POLICIES RELATED TO PUBLIC INFORMATION AND EDUCATION TO IMPROVE INFANT FEEDING

7.1 Information on infant feeding

5.1.1 Justification

Deep concern was expressed about the circumstances revealed in this workshop illustrating:

- a) The ineffectiveness of the existing public nutrition education programmes with respect to appropriate breast feeding and infant and maternal feeding practices. The Breastfeeding Information Group was an exception.
- b) The inconsistent and confusing information on infant feeding practices, not only from marketing sources but also from within the health care system.
- c) The need for a public nutrition education programme exclusively concerned with the promotion of the most appropriate infant and maternal feeding practices.

The ongoing programmes referred to include:

- Maternal and Child Health under the Ministry of Health
- Family Life Training Programme under the Ministry of Culture and Social Services
- Preschool Feeding Programme under the Ministry of Basic Education
- Home Economics Extension Services under the Ministry of Agriculture
- Educational Media Service and School Curriculum Radio Programmes under the Ministries of Basic and Higher Education

- Women's programmes, e.g. 'Femine Touch' and 'Akina Mama', under the Ministry of Information and Broadcasting
- Programmes of the Family Planning Association of Kenya
- Educational activities of the Breastfeeding Information Group.

A new educational programme on Infant and Maternal Feeding Practices should be introduced and should deal with the following problems:

- a) Mass ignorance of appropriate breast feeding and infant feeding practices.
- b) Antenatal and postnatal maternal feeding problems.
- c) Diarrhoeal infections.
- d) Health care systems.
- e) Marketing practices.
- f) Support systems for working women.

7.1.2 Recommendations

- a) A clear-cut set of guidelines should be formulated by a working group established by the Ministry of Health. These guidelines, in addition to recommending breast feeding, should include feeding recommendations for pregnant women, lactating women, and infants through all critical periods of dietary change until established on an adult diet.
- b) The messages submitted to the public through the existing programmes should be standardized, made more specific, and focus exclusively on infant feeding practices.

- c) Mass media should deliver messages to the public, focusing on infant and maternal nutrition, through the effective use of advertising and public announcements. These messages should be channelled through the following groups:
- i) school systems
 - ii) health care systems
 - iii) community and social development services
 - iv) non-governmental organizations (NGOs)
 - v) women's organizations
 - vi) literacy workers
 - vii) co-operatives
 - viii) trade unions.

A special nutritional communication committee should be established, under the combined auspices of the Ministry of Health and the Ministry of Information and Broadcasting, to develop plans for a major mass media campaign. It should:

- i) plan an evaluation to identify target audiences, message content and presentation
- ii) organize and train a local communication team to direct this programme
- iii) develop communications strategies to reach identified target audiences
- iv) arrange for technical assistance in developing appropriate messages for mass media based on the strategies and target audiences
- v) seek advice, co-ordination and co-operation from other relevant organizations
- vi) seek co-operation from mass media, e.g. the Voice of Kenya and the local press
- vii) develop media plans to ensure adequate message exposure
- viii) provide for ongoing evaluation.

- d) Co-ordinate these messages with recommendations from other working groups on training in health and in other disciplines related to infant feeding practices.
- e) Request technical assistance and funding from international donor agencies like International Nutrition Communications Service (INCS) and UNICEF, for programmes and activities related to infant feeding practices.
- f) Review these programmes at regular intervals to keep them up to date with changing knowledge and ideas about infant feeding practices.

8. CONCLUSIONS

The participants in the closing stages of the workshop expressed a strong resolve to implement the recommendations that they had formulated and ratified. Both as individuals and as representatives of many important ministries and institutions they felt a sense of solidarity and of determination to work together to support, protect and promote breast feeding in Kenya. No one seemed to doubt that if implemented, these recommendations would greatly help the health, the development and the general well-being of infants and young children.

The final statement of one participant is printed because the words are eloquent and moving, and because they come from a person whose position as Regional Director of UNICEF may enable him to assist greatly with the task which lies ahead.

Dr. K.E. Knusten said:

“I assure you of UNICEF’s very great interest in your workshop. I expect that your deliberations and recommendations will point the way for many countries, some of which have more serious problems of childhood malnutrition than does Kenya.

May I add a few words concerning how UNICEF views its role in the promotion of breast feeding and in the implementation of the international Code. As good international servants we are supposed to offer our services without unduly interfering in national politics. This we stick to. However, when it comes to the follow-up of the Code, the situation is rather different. WHO and UNICEF have been given a mandate by the world's governments (with the exception of one) to monitor and to support national efforts to translate the international Code into national Codes. The collective decision of all governments, including that of Kenya, to support the Code, provides us with a clear mandate to participate in this work and, if necessary, to also push, prod, argue and nag. If this is seen as an attempt to interfere we shall remember that we have been asked to do just that by the government of this and other countries. I assure you that we will carry out this duty without fear or hesitation, and in the best interests of both mother and child.

"The formula companies claim that manufacturers are only responsible for the contents of the product leaving the factory and not for the end result — the often diluted and infected mixture entering the stomach of the infant. It is this latter aspect of the problem that has made the Code and its national application so necessary.

"Again I assure you that UNICEF will participate in every possible way in this important struggle to protect the rights of children. But the major burden of this task lies with you and with the Kenya Government.

"In this struggle we have to remember that we are the weak actor and we represent the weak — namely, the children. Let us also remember that the weak cannot afford to lose. It is only the strong who can afford that luxury. Good Luck."

**9. CLOSING SPEECH BY MR. Y.F.O. MASAKHALIA,
PERMANENT SECRETARY, MINISTRY OF ECONOMIC
PLANNING AND DEVELOPMENT**

Ladies and Gentlemen,

I am very pleased to have been given the honour to deliver the closing speech to this important workshop on Infant Feeding Practices. There is no topic more important to Kenya than our children, for they are our future. This makes the work you have been doing here this week especially important and particularly so to those of us entrusted with the responsibility to plan for the future development of our nation. Workshops like this one are important and useful forums for exchanging of ideas, dissemination of research findings and formulation of strategies for the solution of identified issues and problems.

It is indeed gratifying to see so many experts here from so many fields. This makes me feel confident that the subject has been completely dealt with.

All of you, I have no doubt, are well aware of the serious economic development problems we in Kenya and other developing countries are facing today. Our very rapidly growing population is putting heavier demands on our limited resources and thus, in a way, slowing down the pace of development. Some of the presentations at this workshop have attempted to show how infant feeding relates to our population growth. Exclusive breast feeding for the first four to six months of life and continued breast feeding thereafter decreases overall fertility by increasing the spacing between births.

This natural birth control method is simple, has no negative side effects and costs nothing to provide. It is a benefit that we cannot afford to lose.

In Kenya, like in many other developing countries, the problem of foreign exchange scarcity has of late become a very serious one. Any measures that lead to foreign exchange saving, like those that encourage greater reliance on the use of locally

produced inputs and products, need to be supported wholeheartedly.

The issue of infant feeding is important here. I am told that children breast fed for the first two years of life consume on average 375 litres of breastmilk. All of this is locally produced, it is superior to any other milk or formula, and it is produced at a fraction of the cost of breastmilk substitutes. Breast feeding also decreases the medical costs arising from diseases associated with other feeding methods, especially bottle feeding. Again, these are benefits we should not lose sight of.

How are these benefits reflected in actual breast feeding practices here in Kenya?

The report presented by my Ministry tells us that more than 95 per cent of the low-income women studied in Nairobi initiated breast feeding. Most of these women continued to breast feed for a year or more. The study also points out that more than half of the women interviewed used infant formula with their last child. Breast feeding, then, is a resource that Kenya has been blessed with, but one which needs to be protected. Despite the importance of breast feeding as indicated earlier, there are a number of factors which tend to militate against the practice, such as changes in the socio-cultural structure and occupational patterns, to mention just a few. I expect the workshop has addressed itself to these issues. For example, with increased urbanization and entry into permanent employment and to the professions by women, one finds that traditional feeding practices are no longer tenable. We have to strike a balance between competing ends. I believe that the policy recommendations that you have come out with have been carefully chosen to do this. But printing a list of policy recommendations and going back about our work as before, thinking that we have accomplished something, would be unrealistic.

Earlier this week a presentation of the recommendations of the Karen workshop, which many of you attended in 1981, was made. It is very disturbing to learn that many of these recommen-

dations have still not found their way to implementation. I would like to urge all concerned to make determined efforts to ensure that the recommendations you have before you today do not meet a similar fate. Perhaps at our next infant feeding workshop we should start by calling on every Ministry and organization here to see what each has done to implement the recommendations presented here today, and any others arising from similar efforts.

Mr. Chairman, as you can see, although our workshop is ending, the real work is just beginning. Before I declare this workshop closed I would, on behalf of the Steering Committee, like to thank all the participants for their hard work in making the workshop the success it has been, and on behalf of the participants, I would like to thank the Steering Committee and all those involved in the organization of the workshop, including the financing, for their good efforts and support. Finally, I would like to thank you all for allowing me the opportunity to address you at our closing today.

Let us leave here determined to work together to implement the recommendations we have reached for the good of our infants, our people, and our future.

Thank you.

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