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THE WEANING PROJECT

Manual for the Assessment of  
Current Weaning Practices  
Indonesia

For

Project No. 497-0305  
Village Family Planning/Mother Child Welfare

National Family Planning Coordinating Board (BKKBN)  
and  
U.S. Agency for International Development

By

The Directorate of Nutrition, Ministry of Health  
and  
Manoff International Inc.

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## PURPOSE OF THE MANUAL

This manual is the first step toward a protocol that will guide the assessment of weaning practices in Indonesia soon to be undertaken by The Proyek Pola Makanan Pendamping ASI (PMPA). It is also intended for adaptation by three other projects being assisted by Manoff International's The Weaning Project. The results of the assessment will help the PMPA working group formulate activities to improve infant feeding practices. The combination of market and anthropological research techniques in the assessment protocol is designed to bring about better results than either method alone has thus far. The authors anticipate that this combination will enable the project to arrive at a more complete understanding of the multiple causes of improper feeding practices and that it will not only help the project develop an effective strategy that will stimulate positive changes at the household level but do this more quickly. Finally, the authors believe that their assessment method will prove valuable both to increasing community participation in planning educational programs and to keeping expenditures of time and money at moderate levels.

Since each of the research techniques called for in the protocol has been tested and proven by itself but never combined in this way, no model for the work exists. The implementors of the PMPA project, therefore, also hope to produce a tested set of guidelines for the replication of the work. This draft, which is an adaptation for Indonesia of a protocol that The Weaning Project developed for its four-country study, is the result of discussions with the Indonesian project's working and advisory groups and The Weaning Practices Council to The Weaning Project about how to work within the realities of the project sites as well as within the structure

of the national programs (UPGK and KB-Kes Terpadu) to which the PMPA project is linked. The manual will undergo continuous revisions as the work and the discussions proceed. The authors hope that the final product will reflect the unique needs of this project and will also lend itself to functioning as a model for improving assessments of weaning practices that other projects can adapt.

## PROJECT SUMMARY

Recent programs to improve child health (i.e., those promoting breastfeeding, nutrition education, and diarrheal disease control) have documented severe declines in the nutritional status of 6-24 month-olds along with sharp increases in the mortality rates for this population. That deterioration has been attributed to the interaction between malnutrition and diarrheal and other common infectious diseases, which cumulatively increase children's vulnerability and erode their health. Research findings show that to realize changes at the household level that will benefit weaning-age children, projects must first understand the unique characteristics of the environment and then develop a strategy consisting of several activities to treat the complex of problems that confront these children.\* There is a growing consensus that the next breakthrough in child health will come with the development of just such a strategy.

The Weaning Project at Manoff International Inc. is funded by the Office of Nutrition, AID/Washington, to assist in developing these strategies to advance improvements in infant feeding and to help programs in four countries develop components to implement them. In Indonesia The Weaning Project is working with the Proyek Pola Makanan Pendamping ASI (PMPA) project of the Nutrition Directorate, Ministry of Health. The PMPA

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\* Weaning age is defined as the period between exclusive breastfeeding and complete reliance on an adult diet. In Indonesia, because of the early introduction of semisolids (often in the first weeks of life) and prolonged breastfeeding, weaning age is essentially from 0-24 months, although the critical period is 6-24 months.

project is funded through the USAID-BKKBN Village Family Planning/Maternal Child Welfare Project (No. 497-0305). Both projects are charged with finding low-cost, nutritionally sound, and sustainable solutions to weaning problems and also with helping the government formulate national policies incorporating those solutions to address diet-related problems in different socioeconomic and ecological contexts. If these goals can be met by the PMPA project, it will have improved the nutritional status of very young children, reduced the infant mortality rate, and brought the GOI's goal of small and prosperous families nearer to reality.

The project will be implemented in five phases:

1. Project Preparation

During this phase, the Advisory Group will be assembled and will review the plan for the project overall and for the assessment. The provinces, kabupaten, and kecamatan will be selected and staff will be briefed about the project. Also, a literature review will be conducted to evaluate the relevance of available findings to the PMPA project.

2. Weaning Practices Assessment

Because the results of this phase will be the basis for planning program activities, the assessment must have a very practical orientation; the results must define the sustainable actions that will improve children's health status. The assessment will examine current weaning practices, their nutritional soundness, their relationship to other household practices, and the feasibility of modifying detrimental practices while promoting more healthful ones.

3. Strategy Formulation

A comprehensive kecamatan-wide strategy for improving weaning practices will be developed from the assessment results. It is anticipated that this strategy will rely heavily on strengthening the communications program at the village and the kecamatan levels and will also support one or two other specific activities (which might include food production, child care, or appropriate technology schemes). During the strategy formulation, intense work will be done with the Advisory Group and with project personnel at the province, kabupaten, and kecamatan levels to ensure that suggested activities are compatible with those of existing health, family planning, and nutrition programs. This phase will conclude with a workshop to discuss the final strategy.

#### 4. Implementation

During implementation every attempt will be made to work within the existing program infrastructures. At the outset of the implementation phase a baseline survey tailored to quantify behaviors directly related to the project's anticipated activities will be carried out. Implementation will include the initiation of a communication program on weaning, training of village and kecamatan level program staff, and the development of other activities, as appropriate.

#### 5. Evaluation

After approximately one year of intensive work to improve weaning practices in the four kecamatan, an evaluation will be conducted of the implementation and the effectiveness of the activities implemented. The evaluation will include comparisons of qualitative and quantitative measures. The outcome of the evaluation will be a set of specific policy and program recommendations to strengthen existing health and nutrition programs related to weaning practices. A workshop will be held after the evaluation results are analyzed in order to discuss these conclusions and make recommendations for policy and programs.

During the project preparation phase, the national-level working group and the BKKBN selected the areas where the project will be implemented during the project preparation phase. The following are the project areas they chose:

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<b>Province</b>	<u>East Java</u>	<u>West Nusa Tenggara</u>
<b>Kabupaten</b>	Pasuruan	West Lombok
<b>Kecamatan</b>	Pandaan	Cakranegara
	Winongan	Gangga

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## OVERVIEW OF THE ASSESSMENT

### 1. Objectives

The objectives of the assessment phase are:

- a) To comprehensively define current weaning practices and conditions associated with malnutrition in weaning-aged children in order to design project strategies with the potential for improving these children's health and nutritional status.
- b) To develop an assessment methodology that can be adapted and implemented with very limited time, budget, and personnel.

### 2. Framework

The assessment has two major components. One will help the project define the socioeconomic and ecological contexts where activities will take place. The second component will scrutinize the community and household conditions that affect infant feeding practices.

a) The Project Context component will provide basic descriptive information and statistics about the country and the regions in which the project will be implemented in order to better interpret particular project findings. The types of descriptive information and the few indicators that will be collected at the beginning and end of the project are defined in Appendix A.

b) The Community and Household component of the assessment should receive the greater emphasis. To ensure a thorough and open-minded approach to the assessment process, this component has been divided into three major activities — problem identification, analysis, and intervention trials — that combine market and anthropological research

techniques. The community and household data will present a comprehensive picture of

- o current weaning practices and their nutritional benefit or harm;
- o the potential for retaining or changing current practices and concepts useful in the process; and
- o the impact of other community/development activities on weaning practices.

Each of the three parts of the assessment is essential to fully inform program planners of the intended beneficiaries' opinions and practices. Problem identification is the time when concepts are discovered and investigated. During analysis those results are organized and ordered. The intervention trials period is the time when proposed concepts are tested, discussed, and refined by a small number of families. This three-step process represents an attempt to avoid two common flaws in assessment work. The first flaw limits the assessment to merely developing concepts, uncovering interesting facts or relationships that have no practical meaning for the program. The second flaw treats the assessment as a quantitative study and, using the structure of a precoded questionnaire, only tests the hypotheses of the researcher. The latter often results in findings that overlook a subtle but significant relationship that determines the success or failure of the program.

Fig. 1 summarizes each major activity in the Community and Household component. Implementation details for each activity are found in the next chapter.

Fig. 1

## 1. Problem Identification

### Purpose:

- o To identify both the critical problems impeding the proper feeding and care of weaning-aged children and the resources available to alleviate or solve the problems.

### Methods:

- c Focus group discussions for concept identification.
- o Ethnography.
  - Key informant interviews
  - Depth household interviews to include 24-hour food recalls, anthropometry, and task analysis
  - Participant observation
- o Secondary source review.

### Outcomes:

- o The elaboration of a Community Profile that describes important areas of community life and context as they relate to an infant feeding "style" for the community.
- o The compilation of Household Profiles that contain limited amounts of demographic information as well as complete descriptions of knowledge, attitudes, and practices associated with infant feeding for each household.

## 2. Analysis

### Purpose:

- c To determine the nutritional benefit (or harm) of current weaning practices and to identify modifications in current practices that could potentially improve health and nutritional outcome; and the appropriate rationale for the modifications.

Although field workers and supervisor(s) are advised to review field notes nightly, a separate step — the analysis of the information collected during the problem identification phase — is required. The break at this point in the field work for analysis is necessary to formulate hypotheses for testing and to:

- o Maintain the objectivity and quality of the information on current practices and perceptions (to keep it free from ideas about what a family might do or change).
- o Allow for a thorough collective and creative (yet controlled) analysis process to define the most appropriate behavior modifications, and how they can be introduced at the household level.\*
- o Maintain some academic rigor, which requires the separation of basic research and participatory research activities.

Methods:

- o Individual and group analysis of household cases using taxonomy building and other analysis methodologies.
- o Review of focus group research.

Outcomes:

- o A nutritional assessment of current weaning practices.
- o A list of suggestions for how the practices can be improved (at either the household or the community level) in order of priority by feasibility and impact on nutritional status.
- o Refined instruments for the household trials.

3. **Household Intervention Trials**

Purpose:

- c To determine the potential for retaining or changing current weaning practices.
- c To identify necessary components to ensure the successful implementation of the changes.

Methods:

- o Household visits and revisits, which will include the trial of proposed practice changes by mothers during a one-week period and at least one 24-hour food recall.
- o Participant observation.
- o Focus group discussions to generate ideas for creative concepts.

Outcomes:

- o An assessment of the feasibility of proposed behavior modifications. This will include a discussion of resistance points encountered during household trials and focus group discussions in order to guide the formulation of intervention strategies.

### 3. Detailed Implementation Plan

Activities for the assessment phase will be implemented by the PMPA project over a ten-month period, October 1985 to August 1986.

ACTIVITY	MONTHS									
	1 Oct.	2 Nov.	3 Dec.	4 Jan.	5 Feb.	6 Mar.	7 Apr.	8 May.	9 Jun.	10 Jul.
I. Assessment Preparation: (manual, select teams and sites, recruit local consultants, design question guides)	(6)									
II. Regional Profiles	(7)									
III. Community & Household Work:										
1. Focus group moderator training		(1)								
2. Recruiting the groups		E <sup>1</sup>	N <sup>TP</sup>							
3. Focus group #1 & Java and NTB			(4)							
4. Analyze group #1 & revise hh ethnography guides				(2)						
5. Focus group #1 report				(2)						
6. Complete arrangements for ethnography in East Java and pretest question guides				(1)						
7. Train investigators - East Java				(1)						
8. Household problem identification - East Java					(4)					
9. Analysis - East Java						(2)				
10. Household trials - East Java						(2)				
11. Complete arrangements for ethnography in NTB and pretest question guides						(1)				
12. Train investigators - NTB						(1)				
13. Household problem identification NTB							(4)			
14. Analysis - NTB							(2)			
15. Household trials - NTB								(2)		
16. Analysis - East Java & NTB and design focus group #2									(3)	
17. Ethnography report									(5)	
18. Focus group moderator refreshing										(1)
19. Focus group #2 - East Java and NTB										(2)
20. Analysis of focus group #2										(2)
21. Focus group #2 report										(2)
IV. Conclusions from assessment and report										(8)

## DETAILED DESCRIPTION OF ASSESSMENT ACTIVITIES

A variety of qualitative research techniques will be employed in order to make the relevant experience of the participating families useful for educational activities. It is assumed that a program to increase well-being cannot be designed without consulting the intended beneficiaries and that for the program to be really effective, potential beneficiaries should participate as fully as possible in the planning. Because the objective of the assessment is to look for new relationships and patterns, the assessment activities will be unstructured (i.e., they will not proceed from predetermined hypotheses). Hypotheses will be formulated during the analysis period and will be further investigated and tested in a qualitative but more direct manner during the intervention trials.

The assessment components and activities are these:

Component 1. Project Context - National and Regional Profiles

Component 2. Community and Household Context

Activity 1. Problem Identification Period

Step 1. Focus Group #1 and Analysis of the Information

Step 2. Ethnography

Activity 2. Analysis

Activity 3. Intervention Trials

Step 1. Household Trials

Step 2. Focus Group #2

Component 3. Assessment Analysis and Report Writing

## Component I. Project Context

The task of compiling the national and regional profiles will fall to the central- and provincial-level working groups and will be supervised by the central working group. The profiles indicate how the features of the province, kabupaten, or kecamatan compare with the features of administrative districts of the same level and in the same region as the one profiled. Thus, the profile of the kabupaten of Pasuruan should identify the features that make it different from or similar to other kabupaten in the same province (East Java), and likewise the profile of the kecamatan of Winongan should compare it to other kecamatan in the same kabupaten (Pasuruan).

The profiles should be developed before planning the focus groups and the ethnographic work so that any important characteristics of the population can be considered. The national and regional profiles in Appendix A show which characteristics are considered important. The socioeconomic indicators listed in the right-hand column of the profile forms in the appendix are suggestions for what might be monitored over the course of the project. Although the list of indicators should be refined after the program intervention has been finalized, current statistics for the provisional indicators will be collected as part of the baseline at the project's inception.

## **Component 2. Community and Household Context**

### **Activity 1. Problem Identification Period**

Problems will be identified by exploring with the community patterns of infant feeding, events that influence these patterns, the constraints against change, and motivations that may bring change about. The process of identifying problems will involve two steps: 1) holding the first focus group and 2) constructing an ethnography.

#### **Step 1. Focus Groups**

Focus groups will be used twice in this assessment: once during the problem identification period and later during the intervention trials period. Although each will serve a different purpose, the size, procedure, and type of results to expect will be roughly the same and can be defined here.

What focus groups are and are not: Focus group sessions are thematic discussions among a small, homogenous group of potential program beneficiaries. Focus group discussions afford programs an opportunity to learn directly from their future "clients" — in the clients' own words — why they choose certain products or uphold certain practices, what expectations they have of the products or practices, and what benefits they hope to experience. The object of a focus group interview is to discover new ideas, definitions, and relationships. Because focus group samples are small, the data generated by this type of study cannot be used to quantify a problem or to make projections that would generalize the findings to other populations. The data should be used to identify new areas of study.

Using focus groups to identify problems: The focus groups we convene at this stage of the assessment will

- o provide background information on perceptions, classifications, and ideas about infant and child feeding;
- o help generate ideas/hypotheses for further study during the ethnography;
- o help differentiate critical audiences (for example, fathers, mothers-in-law) or assist with audience segmentation (for example, women who work at home and those who work away from home) for further study and emphasis in the program.

Choosing the site for Focus Group #1: Each kecamatan is represented in the focus group sampling by at least one desa. Where ethnic diversity is strong, two desa have been chosen to represent each ethnic group. The important criteria for desa selection are that there be at least 35 children under 2 years of age in the desa and that the desa should be average in terms of its nutrition program activities, access to the health center, and socioeconomic status. For Focus Group # 1, six desa will be selected from the four project kecamatan:

<u>Kabupaten</u>	<u>Kecamatan</u>	<u>Desa</u>	<u>Ethnicity</u>
Pasuruan	Pandaan	Plintahan	Javanese
		Banjarkejen	Madurese
	Winongan	Sruwi	Javanese
West Lombok	Cakranegara	Babakan	Sasak
		Cakra/Selatan	Balinese
	Gangga	Gondang	Sasak

The desa chosen for the household ethnography and intervention trials will be distinct from those chosen for the focus groups, though each will be in the same kecamatan.

Recruiting focus group participants: For each group, 6-8 villagers will be recruited. It is essential that members of each group have as many characteristics as possible in common so that interacting demographic variables do not confuse the interpretation. The number of groups will be determined by the adequacy of information they provide about the project's priorities and by the number of segments (similar groups of people) to be studied. For example, the number of focus groups is often increased to accommodate a large number of topics. But since all the themes for the problem identification focus group can be covered in one session, the number of groups will be decided by how many characteristics we want to use to define a group as homogeneous. Three segments have been defined for the Focus Group #1:

- o Mothers with a child between 0 and 24 months of age who do not hold a position in desa organizations and who have a malnourished child.
- o Mothers with a child between 0 and 24 months of age who do not hold a position in desa organizations and who have a well nourished child.
- o Fathers with a child between 0 and 24 months of age who do not hold a position in desa organizations and who are in the desa's mid- to lower income range.

Depending on the number of children in the desa and the success of the focus groups (when socioeconomic status is not clearly defined), the field supervisor and coordinators will consider adding the following variables to the recruiting criteria:

- o Those very poor and those with a mid-economic status as identified by house construction or the presence of a particular household item.
- o Mothers who work outside the home four or more hours each day on a regular basis and those who primarily stay at home.
- o Mothers with children under 9 months and those with children 9 months and older.

Initially three focus groups, one for each audience segment, will be conducted in each village. The focus groups with women will be repeated to validate impressions, the focus groups with men will not. Altogether five focus groups will be conducted in each of the six desa:

Two each for Segment #1

Two each for Segment #2

One for Segment #3

The process of recruiting the participants will be the responsibility of the moderators from each province and will be guided by a member of the central working group. To begin the process a trip must be made to the desa to collect lists of children 0-5 years along with the names of their parents from nutrition kaders and desa secretaries. A short list of children under 2 years and their parents can be made from that list, and the names of children whose parents are nutrition workers or holders of official desa positions should be identified and deleted from the list. The children whose names remain on the list should be divided into two groups: 1) well-nourished children (gizi baik or gizi kurang but gaining weight the last two months) and 2) malnourished children (gizi buruk or gizi kurang but losing weight the last two months). The nutritional or weight gain status can be taken from the kader's records, the mother's growth

card, or from on-the-spot weighing. These children's parents represent the universe of potential focus group participants. Investigators will visit their houses to confirm that the family meets selection criteria and to document ethnic origin, socioeconomic status (observation), level of schooling, hours the mother spends away from home, and the age of the youngest child. (See the recruitment sheet prepared for this visit in Appendix B). This information will decide the homogeneity of the groups. The investigators should also use this visit to invite the mother or father to participate in a group discussion.

Before the home recruitment visits begin, a schedule and venue for the group meetings should be decided (for example, fathers' groups should probably be held at night). It is important to be sure that if two mothers live in the same household they are not assigned to the same group. A similar decision may have to be made as to whether close neighbors should be invited to participate in the same group. There should be balance between the ages of the children (i.e., they should not all be older children), unless the groups of mothers with well nourished and malnourished children are eventually subdivided by their children's ages.

The home recruitment visit should include:

- c An explanation of what we are doing: that is, making plans for a family education program. Don't mention that you are from the Department of Health or from The Weaning Project. Say instead that you are cooperating with a private company.
- c Converse with the mother or father to determine her/his eligibility based on the age and nutritional status of the child (see the recruitment sheets, Appendix B).

- o If the respondent is a potential candidate ask her/him if she/he is willing to participate in the focus group, and then ask the other identifying information on the recruitment sheet.
- o Indicate the day and time for the meeting. Be sure to find out if it is convenient for your respondent and be sure you say what time you will return to fetch him or her for the meeting. Also say how, and when you return, that it would be best if the mother did not have to bring her young child to the group.

Themes and techniques for the session: The first focus group sessions in the assessment are exploratory and should be as unstructured as possible. To facilitate honest responses that reflect deeper feelings than those often expressed for direct questions, projective and other techniques should be considered. For example, a food-sort might be appropriate to stimulate discussion on food classifications or the group could be asked to complete a story that would reflect decision-making in a crisis. Photos of children can be used to ask about their lives and what makes them healthy or unhealthy.

The project has selected the following themes as useful to explore.

(See Appendix C for the question guide.)

1. In what terms do the mothers/fathers talk about their children and their children's physical, mental, and emotional progress:
  - Who is a healthy/less healthy child and why
  - How does a child change in the first few years of life; when do the changes take place; are changes in foods associated with these other changes; what should a mother do if her child is not "changing".
2. How do food and feeding practices influence children, what do children need.
  - Why do we (adults) need to eat; why do children need to eat.
  - What consistency; how much: frequency and quantity.

- How do young children become accustomed to food:
    - \* When should a mother begin breastfeeding.
    - \* How long should breastfeeding continue and why.
    - \* When should semisolids be given, and why.
    - \* Transition to solid food - how is it done.
    - \* When can the child eat "adult" food, and why.
  - What foods are "good"/"not good" for young children, and why (explore different ages).
3. Maternal competency/self-perception:
- Who is a good mother/less competent mother, and why.
  - What do these mothers do in different situations: when children are sick, when children refuse to eat.
  - Where do these mothers get advice, seek help.
  - What are the most difficult problems faced in feeding children and how can they be solved.
4. Mothers and fathers ideas about the changes over the generations in parenting, and specifically, in feeding children.
- What advice should be given to a mother who has her first child. Is that advice different from the advice the participants' mothers gave to them.
  - Opinion of different information sources — doctors, radio, other women, religious leaders, village leaders.
5. Parents' aspirations for their children and for life:
- What do they want their children to be as adults. How is this achieved (female vs. male children).
  - If the mother had one wish, what would she wish for; the father.

Conducting the group: A focus group session must be held in a place where the participants feel comfortable and free to converse candidly. It is a place that is neutral for the participants and for the investigator.

For example, the health center and the lurah's house are not good meetingplaces, whereas the school or community meeting room might be. All of the participants must be able to sit so that they are visible to the moderator. Generally the focus group session lasts about two hours. It is guided by a moderator, is usually taped, and has a notetaker present. People familiar with focus groups agree that the moderator is critical to the success of the session because he or she is responsible for the rapport of the group and the relevance and direction of the discussion.

Characteristics of a good moderator include the ability to:

- o Remain neutral during the discussion of a topic. The moderator should not express an opinion either verbally or through body language (e.g., by shaking the head or frowning, etc.).
- o Should be articulate and able to formulate questions and respond appropriately to the commentary of the group.
- o Be involved with the participants and the subject matter in order to ensure that true feeding practices are being discussed and that participants understand not only what was said but what was meant. Knowledge of the subject matter will mean that interesting observations from the participants are not overlooked.
- o The moderator must be flexible in the use of the question guide. Lines of inquiry should be committed to memory and then introduced according to the conversation not according to a preset order.
- o The ability to observe and listen well will ensure that the questions and comments of the moderator are germane to the discussion and will stimulate greater involvement with the topic among the participants.

The moderator must be fluent in the local language, be the same sex as participants in the group, and should be a dynamic, quick, and independent thinker.

The tasks of the moderator include: introducing the themes to be discussed; directing the progress of the discussion; gaining the confidence of the participants; ensuring the participation of everyone in the group, facilitating discussion between participants and developing these comments with other participants; controlling the timing and rhythm of the discussion; and being sensitive to nonverbal communication from participants.

The techniques and the routine steps in moderating include:

- o **Introduction of the participants to the process.** The moderator introduces him/herself and the notetaker to the group and explains their roles; asks for the names of all participants and tries to remember them so she/he can call each person by name; explains that the object of the meeting is to get help from the participants in designing an educational program about family life; explains that every person's opinions are wanted, so everyone should say what he or she thinks, but speak in turn, one at a time; and stresses that there are no right or wrong answers.
- o **Consulting the question guide.** (See Appendix C.) It describes the areas of inquiry and the techniques to use to stimulate discussion.
- o **Clarifying an answer.** After a particular question has been answered by a participant, use that response to ask for a clarification or further explanation. For example, "please tell me what it means when Ibu Sri says she..."
- o **Substitution.** Use the words of one of the participants to rephrase one of your original questions. However, be careful not to change the meaning of the question. This is to try to better understand local phrasing and make it easier for other women to capture the meaning.

- o **Polling.** Will help enliven a discussion or turn the group's attention away from someone who may be dominating the discussion. The moderator asks each participant individually to express an opinion. Remember: the object is to have a discussion among participants not an in depth interview with each participant.
- o **Contrasting.** After polling the participants, or during the course of conversation, there may be times when different opinions or practices are mentioned for the same problem or situation. Draw out the differences and ask the group's opinion. Do this diplomatically, however, so that none of the respondents feels that he or she gave an incorrect answer.
- o **Asking Why.** Remember always to ask "why?" The focus group is not just another way to do a survey. The moderator's job is to generate a discussion that will highlight feeding practices, perceptions, and the underlying reasons for the practices and perceptions.
- o **Concluding Remarks.** At the end of the session ask the participants what they think about what was discussed and if they have any additional comments. Often when participants see that the session is over, they speak more frankly than they did during the session.

The tasks of the notetaker: During the session the notetaker must be astute about observing and recording the subtle reactions and interactions of the group. He or she should jot down some background information about the participants and should work out a way to identify participants so that each statement can be properly attributed. To be useful during analysis, notes on each session should include:

- o A brief description of the community and any events or conditions that could influence activity patterns (for example, the presence of small industry).
- o A description of the meeting place.
- o A description of the participants: how many and with what characteristics (the notetaker should have the sheets completed during the household recruiting visits).

- o The time that the session begins and ends.
- o A comment on the dynamics of the group (i.e., was the discussion dominated by one person, was it lively, etc.).
- o Notes on any interruptions or distractions during the session.
- o A description of the reaction of the group to different questions or suggestions by the moderator.
- o A description of the opinions of the group. For example, "The majority felt that ..., but Ibu Marni said.." or "The group was divided about..."  
Verbatims should be recorded when possible but the notetaker is also responsible for the tape recorder and can transcribe the session when it is over.
- o A listing of special vocabulary or unusual phrases unique to the area.

During the field work the notetaker also will assist with "fetching" the participants before the appropriate session.

The tasks of the supervisor(s): The supervisors must oversee every aspect of the work to ensure its quality and smooth implementation. On a daily basis the supervisor from the project's central working group and the supervisor from Surindo Utama (the market research firm hired to provide technical assistance and personnel for the Focus Group #1 step of the assessment activities) will collaborate closely. However, to accomplish and oversee all tasks, it will be necessary to divide the work between the two. The supervisor from the project will oversee all logistical arrangements and the recruitment process. The supervisor from Surindo Utama, as a member of the technical assistance team, will monitor the technical aspects of the work and ensure that a quality job is done. The Surindo Utama supervisor will monitor the group discussions, debrief the moderators and notetakers after each session, backcheck approximately one

third of the group participants, check the verbatim transcripts, and oversee their translation to Bahasa Indonesia. The Surindo Utama supervisor has the authority to modify the question guides and to alter the recruitment criteria if there is an obvious need to do so. However, alterations in the recruitment criteria will be made only after conferring with the project's supervisor.

Logistics for the field work: The successful completion of the field work depends on the planning and coordination between the working groups at the central and provincial levels and Surindo Utama.

- All monetary arrangements for Department of Health field personnel will be arranged by the central working group.
- Local transportation and accommodations for Department of Health and Surindo Utama personnel at the kabupaten or kecamatan levels will be arranged by the provincial working group.
- All financial arrangements for Surindo Utama personnel will be handled by the firm.
- Tape recorders, cassettes, and question guides will be provided by Surindo Utama.

The field work will last approximately one month. Because of the desirability of having the same field supervisor oversee the work in both provinces, the interviewing will be done sequentially, first in East Java, and then in NTB. Some of the members of the field team are the same for each province, but other members, most notably the moderators, change because of the necessity that they be fluent in the local language. The personnel available for the field work in each province should be as follows:

East Java

- 1 supervisor from central level working group
- 1 supervisor from Surindo Utama
- 2 moderators from the provincial-level Nutrition Directorate (a Javanese and a Madura speaker)
- 1 moderator from Surindo Utama (Javanese speaker)
- 1 notetaker from the provincial-level Nutrition Directorate (a Javanese and Madura speaker)
- 1 notetaker from Surindo Utama (Javanese speaker)

NTB

- 1 supervisor from central working group
- 1 supervisor from Surindo Utama (Balinese speaker)
- 2 moderators from the Department of Health (a Sasak and a Sasak/Balinese speaker)
- 1 notetaker from Surindo Utama
- 1 notetaker from the Department of Health

The chronogram below for the field work has been carefully planned around the language requirements for each area and the personnel available.

FOCUS GROUP #1 FIELD WORK PLAN

DATE	EAST JAVA		NTB	
	RECRUITING	GROUPS	RECRUITING	GROUPS
15	BK-practice			
16	BK-2 MDH			
17				
18	BK-2 MDH	Others to Surabaya		
19	BK-2 MDH	Others to Pasuruan		
20		Practice		
21	T-1 MDH PT-1 SDH	1 MSU BK(3 groups)	1 MDH	
22	PT-1 MDH 1 SDH	BK(2 groups)	1 MSU 1 MDH	
23	PT-1 MDH 1 SDH	PT(2 groups)	1 MSU 1 MDH	
24	S-1 MDH 1 SDH			
25	HOLIDAY			
26	S-1 MDH 1 SDH	PT(2 groups)	1 MSU 1 MDH	Arrangements in NTB
27	S-1 MDH 1 SDH	S(3 groups)	1 MSU 1 MDH	Arrangements in NTB
28		S(2 groups)	1 MSU 1 MDH	CS-practice
29	Finish work in East Java		CS-1 SDH 2 MDH	
30	Travel to NTB		CS-1 SDH 2 MDH	

**KEY**

BK - Banjarkejen  
 PT - Plintahan  
 S - Sruwi  
 CS - Cakra Selatan  
 BB - Babakan  
 GD - Gondang  
 MDH - Moderator, Department of Health  
 SDH - Supervisor, Department of Health  
 MSU - Moderator, Surindo Utama  
 SSU - Supervisor, Surindo Utama

RECRUITING	GROUPS	RECRUITING	GROUPS
1			Team in Mataran
2			Practice
3		BB-1 SDH 1 MDH	CS(3 groups) 1 MDH 1 SSU
4		BB-1 SDH 1 MDH	CS(2 groups) 1 MDH 1 SSU
5		BB-1 SDH 1 MDH	BB(2 groups) 1 MDH
6		GD-1 SDH 1 MDH	BB(2 groups) 1 MDH
7		GD-1 SDH 1 MDH	- Free -
8		GD-1 SDH 1 MDH	GD(2 groups) 1 MDH
9			GD(3 groups) 2 MDH
10			Finish work in NTB
11			Finish work in NTB
12			Return to Jakarta

Analysis of the Information: Verbatim transcripts of the sessions (in the local language and Bahasa Indonesia) as well as the impressions of moderators, notetakers, and supervisors are the data that are analyzed. The analysis of the initial focus groups should expose patterns in the ideas and practices the mothers and fathers spoke of at the focus group sessions. It should also point to differences within a segment of the audience or between audience segments. Finally, the analysis should be used to make recommendations for the ethnographic portion of the assessment. The analysis should begin by preparing profiles for each segment of the audience:

1. East Java - semi-urban - Javanese
2. East Java - semi-urban - Madurese
3. East Java - rural - Javanese
4. NTB - semi-urban - Sasak
5. NTB - semi-urban - Balinese
6. NTB - rural - Sasak

The profile for each group should discuss lifestyle, cultural norms, and desirable behavior as they relate to:

- o Family life.
- o Infant feeding and childcare decisions and the influences and amount of control mothers feel they have on these decision.
- o Shifts in patterns of infant feeding from initiation of breastfeeding to the feeding of family foods.
- o The terms used to describe babies, types of feeding, foods and feeding stages.
- o The aspirations parents have for themselves and their children.

It will be important to include in the profiles the similarities and differences in the attitudes and practices of mothers of well nourished and malnourished children and to distinguish between mothers' and fathers' perceptions.

The conclusions and recommendations that are developed from the audience profiles should suggest specific lines of inquiry to be added to the household investigations. For example, the recommendations might include:

- o The importance of pursuing differences between families with well and malnourished children.
- o The important areas where Javanese and Madurese, Balinese and Sasak cultures influence feeding practices.
- o The important differences between semiurban and rural populations.
- o Food classification systems to explore more completely on a family level.
- o Particular words/expressions to use in the household work.
- o Special practices to explore more thoroughly.
- o Predominant influences on infant feeding practices that should be included in the ethnographic work.

## Step 2. The Ethnography

Ethnographic field work requires the adoption of certain perspectives and the application of certain techniques to study parts of culture, the relationship among these parts, and how these parts relate to a greater whole — community life and culture. In PMPA we are interested in the "sub-culture" of weaning practices: how they are perceived, described, and otherwise associated with food-related beliefs and behaviors. An ethnographic examination of current weaning practices will be helpful in the formulation and design of communications and other program strategies to improve them.

As the second step of the problem identification activity, the ethnographic field work will utilize five different information gathering techniques (key informant interviews, household direct questioning and open-ended discussion, participant observation, and nutritional assessment) to explore the following topics:

- o household knowledge of the special nutritional needs of weaning-aged children;
- o the food preparation and preservation techniques used to address these needs;
- o the appropriate foods (and their qualities), schedules, and methods of feeding weaning-aged children;
- o stages of child development, how they are recognized, and reacted to by household members;
- o cultural traditions, beliefs and influences (such concepts as "hot" and "cold" foods, health conditions, related ceremonies, etc.);
- o household economic status, control of resources, and demands on the caretakers' time and energy that compete with the care of weaning-aged children;
- o other constraints to proper weaning in the home environment;

- o local availability of suitable food commodities for weaning preparations;
- o conditions of food and feeding hygiene;
- o the prevalence and management of diseases among weanlings.

Each information gathering technique serves a complementary purpose in the assessment of current weaning practices and their potential for improvement. Together their results will form a community profile and a profile of each household. The community profile will describe the social, political, and economic organization of the community, and will highlight important areas of local life ("context") as they relate to an infant feeding style for the community (see Appendix D). The household profiles will include limited amounts of demographic information, with a more complete description of the specific knowledge, attitudes, and behaviors occurring within the home that influence infant feeding and nutritional well-being (detailed in Appendix F). Analysis of the entire ethnography will form the basis for the development of household intervention trials.

The protocol for the ethnography has the multiple steps. This part of the manual begins with a detailed workplan (Fig. 2) and then describes each step in following sub-sections:

- 2.1 Site Selection
- 2.2 Preparation for the Field Work
- 2.3 Description of the Field Team
- 2.4 Training
- 2.5 Selecting and Recruiting Households
- 2.6 Implementation of the Field Work
- 2.7 Description of Information Gathering Techniques
- 2.8 Techniques for Notetaking and Constructing the Community and Household Profiles
- 2.9 Analysis and Report Writing

Figure 2

Ethnography: Detailed Work Plan

Activity	Duration												
Week:	1	2	3	4	5	6	7	8	9	10	11	12	13
Site Selection													
Pasuruan													
West Lombok													
Preparation													
Training													
Pasuruan													
West Lombok													
Household Recruitment and Selection													
Pasuruan													
West Lombok													
Key Informant Interviews													
Household Depth Interviews													
Pasuruan													
1st visit													
2nd visit													
3rd visit													
West Lombok													
1st visit													
2nd visit													
3rd visit													
Compilation of Profiles													
Analysis													
Ethnographic Report/Writing													

NOTE: The ethnography will be completed first in East Java then in NTB. It will be followed by an analysis of the information for both provinces and a report that highlights possibilities for improving existing practices. Once the ethnography is completed the household trial stage will be undertaken in each province.

## 2.1 Site Selection

The sampling frame for the selection of desa (or dusun, in West Lombok) will be determined from the outcome of the focus group research, which has examined the views and behaviors of ethnically diverse families living in semi-urban and rural kecamatan of the kabupatens of Pasuruan and West Lombok. If ethnicity is found to be an important factor in defining the "sub-culture" of weaning practices, then we anticipate the following distribution of desa for the ethnographic fieldwork:

Kabupaten	Kecamatan	Desa	Ethnicity*
Pasuruan			
Semi-Urban	Pandaan	1	Javanese
Rural	Winongan	1	Javanese
		1	Madurese
<hr/>			
West Lombok			
Semi-Urban	Cakranegara	1	Sasak
Rural	Gangga	1	Sasak
		1	Balinese

\*Rural desa are the planned focus of the ethnographic field work. This focus is based on the assumption that ethnically proscribed differences affecting weaning practices will be more pronounced in rural rather than urban areas. If this assumption is supported by the focus group research, which examined ethnic diversity in the semi-urban areas, then the selection scheme outlined above will be followed. If the assumption is contradicted by the focus group findings, then an alternate sampling frame that is consistent with these findings must be offered.

Once the sampling frame has been decided, the criteria for the selection of communities for the ethnographic fieldwork is similar to that used for the focus group research: each desa must have at least 35 children under two years of age, it should be average in terms of its nutrition program activities, access to the health center and socioeconomic status. At least one desa will be selected from the project kecamatan; if ethnic diversity appears to be critical, then two desa are chosen, each with a majority of the different ethnic group.

This breakdown will result in the selection of six desa that are ethnically comparable to those communities participating in the focus group research. Note that the same desa are not chosen for both stages of the problem identification activity because focus group segmentation requires the participation of virtually all eligible families in the desa. In effect, the concepts that emerge during the initial focus group sessions are examined more extensively in other similar desa.

The responsibility for desa selection will be shared between the central and provincial working groups. Members of the provincial working group will provide the necessary introductions to local officials. Their approval to allow the ethnographic field work — which entails having a small team of investigators live in the village for approximately five (5) weeks and make multiple visits to some households with young children — must then be obtained.

## 2.2 Preparation for the Field Work

In preparation for the field work another visit will be made to the selected desa by the chief ethnographer, accompanied by members of the central and provincial working groups. The purpose of this visit is to ensure that all project arrangements are clear to local officials, and to schedule the return to the desa to commence the field work. This visit will also allow the chief ethnographer a "first glimpse" at the desa.

Provincial representatives will be responsible for introducing the ethnographer and members of the visiting party, and for redescribing the project, its activities, and its relation to ongoing programs. The chief ethnographer and a representative from the central working group will be responsible for the details of a specific presentation about the ethnographic work, ensuring that it is precise, locally relevant, and that all the local official's questions are answered. After the presentation, the visiting team will request a tour of the village and its facilities (those listed in the community profile), during which time potential key informants, and additions to the community profile are noted. A listing of all families in the desa with children under 2 years of age will also be requested at this time.

Before departing, the chief ethnographer will concur with local officials on the plan for the desa work. In doing so, he will emphasize the notions that the desa leaders cooperation and viewpoints are important, and that the results of the work will be used to strengthen services and improve community life.

### 2.3 Description of the Field Team

The field team for the ethnography will consist of one chief ethnographer, two field supervisors (?), and four to six field investigators per province.

Characteristics of the chief ethnographer: This person is an experienced applied anthropologist with background training in health, nutrition, and/or communications. She/he is fluent in Bahasa Indonesia, and possibly one or more of the local languages of the project areas. Previous ethnographic fieldwork and experience working with the Ministry of Health in Indonesia are other requisites for this position.

#### Tasks of the chief ethnographer:

- o training field personnel.
- o overseeing all aspects of the ethnography, with authority over technical aspects.
- o identifying logistical and management problems and collaborating with the central working group to solve these problems.
- o supervising the compilation of the community and household profiles.
- o writing the final ethnographic report.

Characteristics of the field supervisors: One person will be selected from each kabupaten to act as supervisor of the field work; this person must be fluent in the local languages of the kecamatan and project desa, and be familiar with these areas. The position requires staying in field.

#### Tasks of the field supervisor include:

- o assisting with the key informant interviews.
- o supervising day to day activities and local logistics.

- o meeting regularly with the field investigators to review field notes and answer questions.
- o communicating directly to the chief ethnographer.
- o liaising with the central and provincial working group, and local representatives.

Characteristics of the field investigators: These persons are selected by the provincial working group. They are already employed by the Ministry of Health, fluent in the local languages of the participating desa, and have demonstrated the ability to listen attentively and communicate effectively with local mothers and fathers. The field investigators will be adult women, preferably with children of their own, because most of the interviews will be conducted with mothers, and some topics cover personal matters that women may be reluctant to discuss with men. Ideally, the investigators have previous field experience, preferably that which required some knowledge and use of qualitative and observational skills. Investigators must also be willing to stay in the village at least four weeks; have the ability to analyze a situation and think and act independently; and have adequate writing skills.

Tasks of the field investigators are linked to carrying out the household depth interviews:

- o creating and maintaining good rapport with respondents.
- o recording all information and relevant observations on their appropriate question guides.
- o maintaining complete field notes and family files, reviewing and completing notes from the taped discussion every day.
- o reporting progress and problems to the field supervisor.
- o debriefing with the field supervisor each night, and beginning the analysis of information from each household.

- o debriefing with the provincial and central level working groups about the conclusions of the field work.
- o participating in a discussion of appropriate interventions to assist in improving the nutritional well being of weaning aged children.

## 2.4 Training

Each field team will receive training in the purpose, methods, and use of each of the information gathering techniques to be employed during the ethnography. This training will be held in each province and is the responsibility of the chief ethnographer, and the central working group with a Manoff International representative.

The training course will be one week in duration. It will include:

- o an overview of the project, its objectives, goals, and implementation schedule.
- o a review of infant nutrition and the importance of proper weaning.
- o a complete description of each information gathering technique (direct questioning, open-ended discussion, nutritional assessment, participant observation), and its role within the larger picture: the ethnography.
- o instructions on how to correctly use the recruitment forms and practice in recruiting.
- o instructions and practice in the techniques for establishing rapport with family members and other informants.
- o repeat for question guides.
- o instructions and practice in conducting open-ended interviews. Emphasis will be placed on developing good listening and notetaking skills, and on identifying and pursuing conversational "cues": new and interesting comments that are relevant to understanding current weaning practices, resistance points, and catalysts of change.
- o instructions and practice in taking anthropometric measurements.
- o instructions and practice in doing dietary recall and filling out the food recall forms.
- o instructions and practice to develop observational skills. This will be done using simulation, first by presenting pictures and asking trainees to explain what they see; then by observing videos (if available) and asking them to pay attention to food-related scenes and describe the relevant

actions. Finally, the trainees will be taken to communities (and possibly families) and asked to observe and document different activities.

- o Pretesting of field instruments.

## 2.5 Household Recruitment and Selection

The process of selecting households to participate in the ethnography is similar to that utilized for the focus groups. A list of all the households with children under two must first be obtained; it is best to obtain the list from the kader or the desa secretary. If no list is available, or to cross-check an existing list, a quick mapping and census of the community to locate homes with young children can be undertaken.

Mapping: Even if the listing of children appears to be complete, a rough map of the community should be made. Often the village head will have a map that can be re-drawn and the housing clusters noted. If there is no map, the first step is a rapid reconnaissance of the locale. The mapper should first draw in major physical features (rivers, streams, mountains, roads, etc.); then the location of housing clusters and individual homes can be marked and numbered, if appropriate. The importance of a community map at this stage is to ensure that all areas of the desa have been considered when recruiting households.

Household Recruitment: To recruit households for inclusion in the ethnography each will be visited and a sheet listing selection requirements completed (Appendix E). The field investigator begins the house visit by asking to speak with the mother or other child caretaker, introducing herself, and explaining that she is making plans for a family education program. She asks for the respondent's name and then enquires if there are any children under two residing in the home.

- o If there are no weaning-age children residing in the home, the investigator thanks the respondent and notes this on her list.

- c If there are children under two years of age, residing (not visiting) in the home, the investigator asks for the cooperation of the respondent in answering the remaining questions on the recruitment sheet.

Household recruitment includes ascertaining the age of the child; whether he is enrolled in the community weighing program; his nutritional status (gizi baik; gizi kurang but gaining weight the last two months; gizi buruk; gizi kurang but losing weight the last two months), which can be obtained from the KMS chart; and other household information. If the child is not participating in the weighing program, this is noted, and the investigator asks to and weighs each child under two. [Note: this actually depends on the results of the focus group research].

Once the recruitment sheet is completed, the field investigator must determine whether the mother is willing to participate in the study. When approval is being sought, the investigator explains the following:

- c The program planners are interested in the views of the community, particularly in the areas of infant feeding and health, so that their efforts will be more responsive to community needs and realities.
- c Participation will require time — conversations will be held over the course of three visits, and a return visit (or two) will be made within four months.
- c Participation will also require a willingness to have the field investigator observe some of your daily activities — inside your home (such as meals) and possibly outside, too (at work, for example).
- c Their cooperation and time is much appreciated, and their views will contribute in the development of a program to improve community life.
- c A day and time is then indicated for the next household visit.

If the mother refuses to participate this should be noted.

Recruitment in the desa continues until all households with children under two are identified.

Household Selection: In every desa fifteen households will be selected to participate in the ethnographic research. Actual selection is the responsibility of the chief ethnographer, who will divide the recruitment sheets according to predefined selection criteria and choose among them randomly. (The exact selection criteria will be determined from the focus group research and incorporated into the recruitment sheet. At this time, the only criteria we anticipate is that five (5) households will contain a well-nourished child under two and ten (10) will contain an undernourished child of this age group). Households that are not selected through this random process will be visited later and thanked for their cooperation.

## 2.6 Implementation of the Field Work

The field work begins with the introduction of all the members of the field team to the community. This is a necessary prerequisite for the implementation of the primary activities of the ethnography: (1) key informant interviews; and (2) household depth interviews.

Key Informant Interviews: Key informants, such as kader, desa leaders, religious leaders, store owners, midwives, or other community members with specialized knowledge, will be the source of much of the information required for the compilation of the community profiles (detailed in Appendix D). The selection of the key informants and the administration of the key informant interview will be the primary responsibility of the chief ethnographer. Language constraints and local custom, however, will probably require the participation of the local field supervisors as well. The content and specific techniques of key informant interviewing will be described in sub-section 2.7.

Household Depth Interviews: Fifteen (15) households per community will participate in the depth investigation of weaning practices and related behaviors. These interviews are carried out over the course of three visits, and will include (1) direct questioning; (2) open discussion; (3) participant observation; and (4) the nutritional assessment of weaning-aged children. Draft question guides for the household depth interviews are found in Appendix F.

Each field investigator will be assigned 3-4 households for the depth interviews. The first household visit will begin with a reiteration of the introduction given during the household recruitment process. It will be followed by questioning (of mothers and other family members) and observation on the following themes:

- o household composition (Guide 1)
- o housing conditions and possessions (Guide 2)
- o employment (Guide 3)
- o weighing of target child
- o 24 hour food recall for child

The time and date of the second household visit should be arranged before the first interview concludes, and the investigator should thank the respondent(s) for their assistance and participation.

The second household visit will include questioning, discussion, and observation of the following topics:

- o health: morbidity and mortality (Guide 4)
- o food task analysis: acquisition (Guide \_\_)
- o food task analysis: breastfeeding and feeding (Guide \_\_)
- o food task analysis: distribution (Guide \_\_).

The third household visit in the depth interview will include:

- o food task analysis: preparations for the weaning-aged child (Guide \_\_)
- o perceived needs: weaning-aged children (Guide \_\_)
- o 24 hour food recall for children
- o observation of child care, feeding, and related practices
- o concluding remarks and thanks.

Please note that the organization and structure of these different interview visits is flexible: topics can be discussed in a different order and the interview can be carried out in less than three visits if this is appropriate. The chief ethnographer should be consulted, however, if there are any major changes to this procedure.

## 2.7 Description of Information Gathering Techniques

### A. Key Informant Interviews

Who they are: Key informants are persons who are believed to have specific — or specialized — knowledge about a topic of interest. They are called upon to speak on behalf of larger population segments because of their familiarity with a subject, and because it is thought that they can provide insights that would not be obtained from longer, more time-consuming interviews of the general population. Village health workers (kader), lurah, dukuh bayi, shopkeepers, and other informal leaders will be the main key informants for the community profile. Care must be taken when selecting key informants for specific interview themes; experience has indicated that key informants may provide incorrect information if they are asked to report the attitudes and behaviors of others, especially on topics that are beyond their area of expertise.

Using Key Informants in Problem Identification: The administration of the key informant interview will be the primary responsibility of the chief ethnographer. The key informant interview is held in a place where the respondent feels she/he can speak freely and candidly. The location is selected by the respondent, at a time of his/her convenience.

The key informant interview is structured but open-ended.\* It is relatively short, preferably not longer than an hour in length (in contrast

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\* The questions guides and information check lists will be developed and pre-tested for each topic (and informant) by the chief ethnographer and technical specialist from Mancoff International prior to field investigator training.

to the household interview, which is more time-consuming). The purpose of the interview is to learn about a specific aspect of community life, and ascertain its potential influence on infant feeding practices, health, and nutrition. This information is used in the community profile (Appendix D); it may also aid in the identification of topics to address in the household interview, or their clarification.

Conducting the Interview: Key informant interviews are taped, though notetaking may also be extensive. The difficulty in keeping extensive notes while at the same time listening attentively underscores the desirability of having an experienced ethnographer as the interviewer. The question guides minimize problems by structuring notetaking; ample space will be left for comments and remarks that can be incorporated into specific slots on the question guide when the field notes are reviewed after the interview.

The routine steps in key informant interviewing:

- o The interview begins with a brief introduction and description of the project.
- o The interviewer continues by explaining that she/he is interesting in knowing about community life in order to ascertain the services and activities available that might have some relevance to and role in improving infant health and nutrition.
- o Some specific questions are asked of the informant: his name, address, title, number of years living in the community, for example.
- o After this point the conversation becomes less structured. The informant is asked to describe his organization or area of expertise.

- o The conversation is then guided by the interviewer (ethnographer or supervisor) to cover the themes and topics of interest (see section below on techniques for guiding the ethnographic interviews).
- o Before concluding, the interviewer glances at the specific items on the interview list to insure that the predetermined topics have been covered. If one or more has been omitted, the conversation continues on these subjects.
- o Once all areas are covered, the interviewer asks permission for future visits for additional questioning and/or clarification, stressing that the follow-up discussions will be brief.
- o The interviewer then thanks the respondent, stressing the importance of his/her contributions and kindness in offering them.

Analysis of the Key Informant Interviews: The field notes taken during the interview will be reviewed as soon as possible so that key issues are fresh in the mind of the interviewer. The ethnographer will keep a separate file on each key informant. The community profile will be assembled according to the categories of information in Appendix D; content for the profile will be gleaned from the appropriate key informant files. Sources of information will be referenced in the profile when this is appropriate and not in violation of the informant's confidentiality.

#### **B. Household Depth Interviews**

The household depth interviews provide the most comprehensive picture of current weaning practices, and thus receive the greatest emphasis in the problem identification activity of the assessment. These interviews are carried out in each home over the course of several visits (minimum three), and also include participant observation and nutritional and dietary assessment, which are described in sub-sections that follow. Draft question guides to be used in the household depth interviews can be found in Appendix F.

Household Depth Interviews - What they are and are not: Ideally, household depth interviews provide the opportunity for an exchange of information between interviewer and child caretaker in a relaxed atmosphere. During these exchanges the investigator examines indepth, through open conversation and direct questioning, the concepts emerging from the focus group discussions, and other beliefs and conditions that are critical to understanding current weaning practices and their outcome. During each interview the investigator obtains views and specific facts from her respondent(s), but she is careful to keep these interactions free of suggestions of "correct" or desired responses.

**The depth interview is not a survey.** As in the focus group, each discussion is flexible but guided. The range of information and discussion topics are pre-defined, but the investigator is not asked to fit answers into predetermined categories. Some questions are designed to obtain a 'yes or no' answer, but additional remarks and impressions are always noted on the appropriate forms. This flexibility allows the discussion of subjects that may have gone undetected during interview planning — subjects not usually covered in traditional questionnaires.

Their role in problem identification: The depth interviews will satisfy our need to know about factors influencing current weaning practices (listed previously); some constraints to their change; and processes in household and community that motivate change. Lines of discussion focus on weaning issues — timing, foods, perceived needs, child development, a task analysis related to food — which will be complemented by observation and nutritional assessment. Depth interviews will also

examine media availability and influence in the household; sources of information and potential places to receive information or guidance (health facilities, stores, etc.).

Choosing a site for the interview: The depth interviews will be held in the home or around the housing compound. Specific interview topics, such as food preparation, should be discussed in the kitchen area. As noted previously, this can facilitate conversation and enable the verification of reported practices and beliefs with actual behavior. Investigators should move around the home with their respondents, who will probably have to continue with their daily chores during the interview process. Specific topics, such as dietary and morbidity recalls, will require greater concentration on the part of the respondent(s). These should be pursued in the most comfortable environment possible, when other tasks are not too distracting.

Routine steps in the depth interview: The depth interview will follow the same basic steps as the key informant interview (i.e. it will include an introduction; explanation of the work and the need for notetaking and use of the tape recorder; a description of the topics to be covered during the day's visit; the guided discussion; observation; programming for the next visit; the conclusion and thanks). Techniques for each of these steps is described below.

Techniques for conducting the ethnographic interview: Since the key informant and household depth interviews employ ethnographic methods, the techniques common to both of these activities will be described below. In this description we are careful to point out where and how ethnographic interviewing differs from quantitative survey research.

**Introducing the Informant to the Process:** It is critical to establish and maintain good rapport with community and household informants. Therefore, the interview process begins with a friendly greeting and introduction (of all persons if more than one is present).

**Project Explanation:** The purpose of each visit should be stated at the beginning of the interview. The interviewer must stress that there are no right or wrong answers, and that he would like to learn from the respondent.

**Consulting the Question Guide:** The interview will begin with the basic questions listed earlier: name, address, title, etc. After this information is obtained, informal discussion is pursued. The interviewer's role is to guide the conversation by asking different types of questions, probing, and requesting clarifications in the significance and use of terms that are offered.

**Building Rapport.** This is a complex process, which refers to the construction of a harmonious relationship between interviewer and informant; when rapport is good, there is a basic sense of trust that facilitates the flow of useful information. Interviewer-respondent rapport is constantly evolving, and it is impossible to identify exact procedures that will result in "good rapport". Therefore, each investigator/ethnographer must pay attention and become sensitive to the friendly relationships in each cultural setting in order learn local or culture-bound features that build rapport. All the techniques listed here, if utilized sensitively and correctly, should aid in the establishment and maintenance of proper rapport.

**Interviewer Questions.** The interview will include the following types of questions:

- a. Descriptive - these request an account of something (event, organization, etc.) in its local context using local language. For example, "Please describe the political organization of this community."
- b. Structural - these enable an interpretation about how things (including knowledge), are structured and organized. For example, "What are all the stages in food preparation?"
- c. Contrast - these ask the difference between one or more objects and events. For example, "What is the difference between a hot and a cold food?"
- d. Why - these ask the respondent to explain a situation or action in his own terms. For example, "Why do you give your child this food at that age?"

**Clarifying an Answer.** Unlike formal surveys, which try to abbreviate responses, ethnographic interviews encourage clarification on what each person says. Clarification is most useful when it is directed toward understanding the respondent's usage of a term or object rather than the meaning he or she ascribes to it.

**Repetition.** Expansion of a response to receive its fuller meaning is often achieved through repetition or the rephrasing of a question. Unlike quantitative surveys, which try to streamline responses into pre-determined categories, ethnographic interviewing enables the exploration of new themes and issues as they emerge by asking a question more than once, but with a slightly different focus.

**Expressing Interest.** If a respondent seems reluctant to converse because she/he does not think she/he has any information to offer, the interviewer must encourage confidence and offer assurance that what she/he does know is germane to the project.

**Closing the Interview.** To end the discussion, interviewer should briefly recap the purpose of the interview. The informant should always be thanked for his time and input. Permission to return, and a time and place for the next meeting, is always arranged before the interview is concluded.

### **C. Participant Observation**

This is an important information gathering technique in the ethnographic field work. As an integral part of the household depth interview, participant observation has two basic purposes: (1) it enables the investigator to make a record of the household surroundings and environment, noting conditions and practices that are not pre-defined in the household question guides, or that are pre-defined, but do not require direct questioning; and (2) it enables the investigator to verify reported beliefs and practices with actual behavior.

Participant observation can be either active or passive — that is, it can be a pre-determined method for obtaining a specific piece of information (food distribution at meal time, for example), or it can be something that is casually noticed by the investigator (the presence of a food or other product in the home, for example). The inclusion of

participant observation in the field work makes the assessment of weaning practices a flexible activity, which enables the incorporation of new ideas and factors into the ethnographic record.

Specific examples of actions to observe include: food preparation and feeding (at least twice); parent-child interaction; and other child care practices.

#### D. Nutritional Assessment

There will be two types of nutritional assessment in the depth interviews: (1) weighing of the child; and (2) a 24 hour recall for the same. These, as noted above, will be performed twice for each child during the course of the household visits — at the first and last visits. The procedure for weighing children will be the same as that taught to village kaders. The 24-hour recall will require the use of a modified recall instrument, which was developed in Indonesia for the Nutrition Communication and Behavior Component of the Indonesian Nutrition Development Program. Details on both are included in Appendix G. A summary of how the recall instrument was developed and instructions on its use are provided below.

Developing the Precoded Instrument: The multi-step process that was followed to arrive at the precoded form is summarized below:

1. An inventory of local foods was compiled, which included the most common methods of preparation and how they were served.
2. Nutrient calculations for calories, protein, and vitamin A were made for the serving sizes identified in the inventory. These calculations were based on the weight of the raw food, its nutrient composition, and its cooking conversion factor (including fat absorption from cooking, protein efficiency ratios, etc.).

3. Foods of similar types and nutrient composition were grouped.
4. Symbols were chosen to represent calories (one inch = 100 Kcal); protein (one asterisk {\*} = 1.15 grams); and vitamin A (one "A" = 250 IU).
5. Values for breastmilk consumption were estimated.
6. A method for totaling calories, protein, and vitamin A was established. Calorie consumption was determined by adding the number of inches marked by each food; protein and vitamin A consumption were determined by adding the asterisks (\*) and "A's" respectively.
7. Dietary adequacy was determined by comparing totals with WHO/FAO requirements (which were adjusted to compensate for infection in children).

Procedures for Using the Recall Instrument: The following basic steps are required to correctly fill in the dietary recall form:

1. First, all of the personal information identifying the reference child is filled in.
2. Then, the investigator asks the respondent to recall each food that was consumed by the child on the previous day — asking hour by hour.
3. For each food that is mentioned, the investigator asks:
  - o the ingredients;
  - o the method of preparation; and
  - o the approximate amount consumed (not served).
4. In addition, the investigator asks about drinks and snacks.
5. The investigator marks off one box for each serving of food of the indicated size that is mentioned; if there are one or more \*'s or "A's" next to the name of the food, then these are filled in the boxes instead.

6. If the child is being breastfed, the investigator must ask whether s/he receives milk day and night, on demand. If this is the case, then the boxes opposite the actual age of the child are filled in. If the child is only fed a few times during the day, then the boxes corresponding to the next oldest age group (i.e. one line below the actual age) are filled in. This is because the recall form's calculations assume that breastmilk consumption decreases with age.
7. After all of the foods have been marked off, then consumption is calculated: calories are added with the use of a ruler; protein is tabulated by counting the total number of asterisks in each box; and vitamin A is measured by summing all of the A's in each box.
8. Dietary adequacy is determined by comparing the totals from the diet recall with the totals (i.e. requirements) listed at the end of the form, for the correct age of the person whose diet is being measured.

## 2.8 Techniques for Notetaking and Constructing the Community and Household Profiles

Field notes taken during the depth interview should be reviewed by the field investigator nightly to ensure that they are complete, concise, and accurate. During the review, the investigator should elaborate on abbreviations and other unclear notes, fill in any additional remarks and impression about the day's visit, and listen to the tapes for details of the discussion.

The chief ethnographer will meet with the field investigator regularly (at least weekly) to go over notes and any problems or new situations encountered. During this time, he will assist in organizing the investigators' field notes, so that they can easily be compiled into household profiles, which briefly describe context (composition, environment, etc.) and practices (food task analysis, practices, etc.).

APPENDIX A

NATIONAL AND REGIONAL PROFILES AND  
INDICATOR SUGGESTIONS

National Profile

-----  
DESCRIPTIVE

INDICATOR (measured at beginning and end of project or when dramatic change occurs)  
-----

Population:

Rural/Urban distribution:  
National and International migration rates:  
Female-headed households:

-----  
Geography:

Natural disasters:

-----  
Political Systems:

-----  
Religious/Ethnic and Language Groups:  
-----

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---

DESCRIPTIVE

INDICATOR (measured at beginning and end of project or when dramatic change occurs)

---

Male and Female Education/Literacy:

---

Basic Infrastructure:

---

Economy:

Average per capita income:  
Income distribution:  
Growth rate of average per capita income:  
Inflation rate:  
Foreign exchange rate:

---

DESCRIPTIVE	INDICATOR (measured at beginning and end of project or when dramatic change occurs)
Development Priorities:	Rank of health and/or nutrition:
Health System: (extent of services provided from private and government resources, existence of primary health care/community level services, morbidity information)	Immunization coverage: Health Coverage:  Nutritional status: Nutritional deficiencies: Birth rate: Mortality rate: Leading causes of death:  Life expectancy: Population growth rate: Active FP users:
Food System: (food and nutrition policy/legislation, general level of imports and exports, seasonal concerns)	Price of major staples: Level of food aid: Per capita daily consumption:  Percentage of family income spent for food:
Status of Women:	

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Provincial Profile

---

DESCRIPTIVE

INDICATOR (measured at beginning and end of project or when dramatic change occurs)

---

Population:

Rural/urban distribution:  
Migration rates:  
Female-headed households:

---

Employment (male and female):

---

Geography:

Natural disasters:

---

Religious/Ethnic and Language Groups:

---

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---

DESCRIPTIVE

INDICATOR (measured at beginning and end of project or when dramatic change occurs)

---

Male and Female Education/Literacy:

---

Basic Infrastructure:  
(local broadcast programming/other local  
media; availability and quality of transport  
within region)

---

Economy:

Average per capita income:  
Income distribution:

---

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---

DESCRIPTIVE

INDICATOR (measured at beginning and end of project or when dramatic change occurs)

---

Regional Development Priorities:  
(existence of large development programs supported by the government and international programs)

Rank of health and/or nutrition:  
Appearance/disappearance of development projects:

---

Health System:  
(extent of services provided from private and government resources, existence of primary health care/community level services, morbidity information)

Immunization coverage:  
Nutritional status:  
Mortality rate:  
Leading causes of death:  
FP acceptance:

---

---

DESCRIPTIVE

INDICATOR (measured at beginning and end of project or when dramatic change occurs)

---

Food System:  
(general production and consumption  
patterns; seasonal concerns)

Price of major staples:  
Levels of food aid:  
Yields of primary crops:  
Yields of secondary crops:  
Animal husbandry/dairy:

---

Other important regional characteristics:

---

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APPENDIX B

FOCUS GROUP RECRUITMENT SHEETS

66

APPENDIX B

FOCUS GROUP RECRUITMENT SHEET

KECAMATAN: \_\_\_\_\_

DESA: \_\_\_\_\_

Javanese Madurese Sasak Balinese

Introduction

Qualifying Information

Mother's name: \_\_\_\_\_ J M S B

Father's name: \_\_\_\_\_ J M S B

Address: \_\_\_\_\_

1.  Child 0-24 months Age: \_\_\_\_\_ months

Nutritional status: check kader records, mother's KMS and/or weigh the child.

a.  Gizi biak or [Gizi Kurang, but gaining weight in the last last two months.]

b.  Gizi kurang [losing weight in last two months] or gizi buruk

2. Mother or father of the child an office holder in any desa organization/government.

No

Yes, which organization: \_\_\_\_\_

Group Eligibility

Mother, child 0-24 months, well nourished

Mother, child 0-24 months, undernourished

Father, child 0-24 months

Meeting

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Other information for eligible parent

1. House construction:

Roof:

Walls:

Floor:

2. Number of years of formal schooling:

Mother: \_\_\_\_\_ years

Father: \_\_\_\_\_ years

3. Number of other living children in family

\_\_\_\_\_ children

4. Number of hours the mother spends outside the home either working or for another reason on a regular basis:

\_\_\_\_\_ hours outside the house/day

5. Does the mother/father participate in any organized village activities?

No       Yes

Which ones? \_\_\_\_\_

6. Does the mother weigh the child?

No       Yes

APPENDIX C

FOCUS GROUP DISCUSSION GUIDELINES

DISCUSSION GUIDELINE

Weaning Project

INTRODUCTION

- Explanation of the need to gather and talk about feelings and opinions about their families and way of life. *No right or wrong answers.*
- Self introduction of respondents names
  - \* (where they live)
  - \* whether working
  - \* number of children
  - \* how old the youngest one is
  - \* whether the child is being breastfeed } *we would like to focus on this child.*

CHANGES / PROGRESS TAKING PLACE IN THE FIRST FEW YEARS OF LIFE

- Did you all give birth to your youngest child after nine months of pregnancy ?

If not, in which month was it born ?

What do you think happened during pregnancy to make the baby born sooner / later than 9 months ?

*Know health or unhealthy →*

- In the first few months what changes occurred in the child ?

- \* Did any change in weight take place ?

In what way ?

- \* Did any change in skills ( motoric / movement ) take place

In what way ? In which months did each change take place

- \* Did any change in body growth take place ?

In what way ? In which months ?

- \* If no change has taken place, what did you do ?

If no changes in weight occurred

If no change in motoric skills occurred

If no change in body growth occurred

What should a mother do if those changes did not occur ?

*associations  
of ceremonies...*

PERCEIVED HEALTH STATUS OF THE CHILD

- What do you feel about the health of the child ?  
( youngest child / children )
- Why do you say he is healthy / not healthy ?
- How does your child compare with your other children at this age ?
- Have your relatives or neighbours commented about this child ?
- What have they said ?
- Do you agree with that ?
- Why ?

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BREAST FEEDING HABITS

- How did you first feed your child right after it was born ? What  
What did you give it ? What are your reasons for giving it to the  
baby ?

- Did you breastfeed your child ?  
Why / why not ?

- When did you begin to breastfeed ?

*lower  
priority*

- Did you also give the yellowish milk that first comes after the  
baby is born ?

- What is it called ?

- Why did you / did you not give that ?

- When the child is first born, how often should the mother be breastfeeding

- Should this change when the baby is older

- When should it change ?

- Why should it change ?

OTHER FOOD GIVEN TO THE CHILD

- When children are being breastfed, should they be given additional food ?
- Why / why not ?
- What additional food are usually given. *why*
- Do you give additional food to your youngest child ?
- Why / why not ?
- † When do / did you begin to give them additional food ?  
( at what ages ) *why*
- Can you describe the foods you give at each different age of the child.
  - \* ( Mention 1 month, 2 months, 3 months etc. ) *probe about consistency*
- How long should breastfeeding continue and why ?

SHOW PICTURES ( PHOTOGRAPHS ) OF FOOD

- These are pictures of different kinds of food.  
Can you sort them into 2 groups.  
Food that should be given to young children → *positively*  
And food that should not be given to young children
- Why should these food be given to young children ?  
If young children eat these food, what will happen ?
- Why shouldn't these food be given to young children ?  
If young children eat these food, what will happen ?
- *crunchy / non-cr.*  
*hot / cold*  
*soft / hard.*

- Why are these food usually given / not given to young children ?  
( Probe on : \* availability
  - \* practicality / convenience to prepare
  - \* common characteristics of the food i.e. solid / semi solid ).
- What methods are used to feed children ( spoon, banana leaf, hand )
- Show photograph of children.  
These children are not from this village but from other areas. Can you sort them out into 2 groups : healthy and unhealthy children ?
  - \* why do you say this child is not healthy ?
- Can you show which food ( pictures ) were consumed by which children ( photograph of children ).
- Can you explain why you say so ?

do write  
& then  
bring  
back.

ATTITUDES TO FOOD

rural/urban.

- What main food do you eat daily ?
- How many main meals do you eat daily ?
- Why do you need to eat so many times daily ?
- Why do we ( adults ) need to eat ?
- What do your children eat ?
  - \* What do your older children eat ?
  - \* What do your younger children eat ?
  - \* Why do you give them those food to eat ?
- Why do children need to eat ?

- When should semi-solids be given ?
- Do young children need solid food ?
- When do children need to change semi-solid to solid food. How does the transition take place ? Explain the process.
- Why should this change take place ?
- What do you think will happen if very young children eat solid food ?
- What do you think will happen if children do not change their semi solid food eating habits.

MATERNAL COMPETENCY / SELF PERCEPTION

- Story completion situation :
  - \* A is good mother → what would A do in this situation
  - \* B is bad mother → what would B do in this situationor story → ask was A a good mother, why ?
- If a child is suddenly ill, what would a good mother do ? → ( story completion ). What would you do
- If a child refuses to eat, what would a good mother do ?  
What would you do ?
- Where does a good mother seek advice when her child is ill ?  
Why ? Where do you go to seek advice ?
- Where does a good mother seek advice when her child refuses to eat ?  
Why ? Where do you go to seek advice .

- I will state some problems other mothers have faced in feeding their child ( List of problems ) Which problems are similar to yours ?

*good*

What other problems do you have ?

Which ones are the most difficult problems ? Why ?

*Can anything be done - what have you done.*

#### OTHERS PERCEPTIONS OF THE MOTHER'S ROLE IN CHILD CARE

- Do other people usually comment on how a mother should care for her child ?
- Who usually make these comments ? Family ? Relatives ? Neighbours ? Influential people ?
- Do their comments make a mother feel disturbed ?
- Whose comments usually affects the mother ? Why ?
- Do you care about what other people say ? Why ?
- What would you do if other people had comments on how you care for your child ?

#### PARENTS AND FEEDING IN GENERAL

- What advice do grandparents give their children about feeding of the young ?
- What advice do parents give their children about feeding of the young ?
- What advice should be given to a mother who has her first child ?
- Is that advice different from the advice grandparents and parents give them ? In what way ?

HOPES / ASPIRATIONS FOR CHILDREN

- How old if you have very young children. Show they will grow up do lots of things.
- Do you ever think about it?
- How would you like them to grow up to be? Why?
- How would you like them to study?
- How would you like them to do jobs for?
- Would you like them to stay in this village or go to a town?
- etc.

or ♀

- If you had one wish -

Best Answer? In Discussion!

Spring  
Utama

APPENDIX D

COMMUNITY PROFILE GUIDES

Community Profile

Guide A: Geographic - Ecologic Characteristics

Community: \_\_\_\_\_

Population

Altitude

Climate

Availability of Transportation

Accessibility by Land

Accessibility by Other Routes (i.e. river)

Roads, Vehicles, their Availability and Cost

Seasonal Barriers

Type of community

Its location within the Political and Geographic Sub-divisions of the Country

Housing: Aggregate or Dispersed

Variation in type

Methods: Bibliographic Investigation

Observation

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Community Profile

Guide B: Demographic Characteristics

Community: \_\_\_\_\_

Population (by age group and sex)

Ethnic Groups (taking into language and geographic differences,  
etc.)

Immigration, Emigration (net effect, seasonality)

Methods: Bibliographic Investigation

Key Informant Interviews

Observation

Community Profile

Guide C: Economic Characteristics

Community: \_\_\_\_\_

Economic Activities

- o Agriculture
- o Employment Opportunities (formal, non-formal sectors)

Types of Employment Related to Seasonal Change

Employment of Women/Type/Wage

Time expenditure in village - when are people home, working, relaxing

Market/stores:

Commercial activity:

Methods: Bibliographic Investigation

Observation

Interviews and Informal Conversations (with farmers, business owners, etc.)

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## Community Profile

### Guide D: Social and Political Characteristics

Community: \_\_\_\_\_

#### Community Organization

- o List of Groups:

#### Community Participation

- o Community Activities (in that last year vs. current)

#### Religious Organizations

#### Political Organization

- o Local Civil Servants
- o Leaders/Persons Respected in the Community
- o Religious Leaders
- o Police

Other Community Development Projects (local, national, internationally supported)

#### Availability of Social Services

Methods: Observation

Key Informant Interviews

## Community Profile

### Guide E: Resources: Health and Nutrition

Community: \_\_\_\_\_

#### Availability of Health Services/Personnel

- o "Formal" Sector (including community health volunteers, Health center, immunization campaigns, presence of ORT packets, etc.)
- o "Non-Formal" Sector: role of dukun bayi, dukun
- o Private vs. Government Sponsored
- o Promotion of Artificial Milk, BMS's

#### Accessibility of Information on Health, Nutrition, Family Planning

#### Availability of Food Resources

- o Foods Common in the Community (eaten vs. not eaten)
- o Seasonal Changes (including harvests)
- o Organization of Food Markets (including street vendors)
- o Where Foods in Such Markets Are Produced, Acquired.
- o Food Distribution/Supplementation Programs (including MCH, food-for-work, etc.)

#### Availability/Types of Infant Foods (ex., store inventory)

Religious, Cultural Beliefs and Customs (Including Rituals and Festivals) that Could Affect Health, Nutrition, and the Weaning Process

Methods: Observation

Key Informant Interviews

Bibliographic/Ethnographic Reviews

Community Profile

Guide F: Resources: Education and Communication

Community: \_\_\_\_\_

Educational System

Primary School(s)

Secondary School(s)

Other Schools

Diffusion of News and Information

Newspapers, Publications, Sources of Written Material

Mail

Telephone and Telegraph

Radio

Television (antennae, stations)

Radio Stations that Enter

Use of Common/Personal Television

Billboards

Folk drama/puppet shows

Movies/Video

Cassette recorders

Methods: Observation

Key Informant Interviews

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APPENDIX E

HOUSEHOLD RECRUITMENT SHEETS

APPENDIX E

HOUSEHOLD RECRUITMENT SHEET

KECAMATAN: \_\_\_\_\_

DESA: \_\_\_\_\_

Introduction

Qualifying Information

Mother's name: \_\_\_\_\_ J M S B

Father's name: \_\_\_\_\_ J M S B

Address:

1.  Child 0-24 months      Age: \_\_\_\_\_ months

Nutritional status: check kader records, mother's KMS  
and/or weigh the child.

a.  Gizi baik or [Gizi Kurang, but gaining weight in the  
last last two months.]

b.  Gizi kurang [losing weight in last two months] or  
gizi buruk

2. Mother or father of the child an office holder in any desa  
organization/government.

No

Yes, which organization: \_\_\_\_\_

Group Eligibility

Child 0-24 months, well nourished

Child 0-24 months, undernourished

**NOTE:** We will consider other eligibility criteria based on focus group  
results (i.e., maternal education, time mother spends outside the  
home, etc.)

Willing to participate

No                       Yes

Next visit

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Time: \_\_\_\_\_

Other information for eligible parent

SS

APPENDIX F

HOUSEHOLD QUESTION GUIDES

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