PD-AAJ-387

ISN - 5-94

9311010005304

Central Bureau of Statistics
African Medical and Research Foundation

First and Second Progress Reports

May 1 - November 15, 1981

KENYA INFANT FEEDING STUDY FINANCIAL AND TECHNICAL REPORT
FOR THE PERIOD 5/1/81 TO 11/15/81
(POPULATION COUNCIL CONTRACT No. C781.29A)

I Introduction

The Infant Feeding Study in Kenya was started in May 1981 and is scheduled to be completed in April of 1982. Central Bureau of Statistics staff directly involved with the project include:

K. Okoth-Agunda, Director of Statistics
John Kekovole, Senior Economist/Statistician
Terry Elliott, Scientific Officer
Peter Bwombuna, Economist/Statistician
Rekha Shori, Statistical Officer
John Owuor, Statistical Officer

From 1 November 1981, Kibet Kemei (see attatchment 1) replaced Peter Bwombuna on the study due to changing personnel needs here at the Bureau.

II Technical Progress Report

The interim progress report covering the period 5/1/81 to 8/31/81 (Interim Report Number 1) is included as attatchment 2 and will not be covered elsewhere in this report. Progress reports based on the infant feeding study working group meetings or reports from 21 September 1981 and 11 November 1981 are here included (attatchments 3 and 4) and provide a technical progress report on all phases of the study through 15 November 1981.

III Timetable

The present timetable for the study remains the same as the one given in the first interim progress report (attatchment 2) except for the possible postponement of the starting date for administering the infant feeding practices questionaire from 15 January to 1 February 1982.

ATTACHMENT 1

CURRICULUM VITAE

Name: Moses Ibrahim Kibet Kemei

Date of Birth: 4/4/54

Schools and Colleges attended

1. Kericho Primary school (Jan 1963 - Dec. 1969) - C.P.E. - 1969
2. Kericho High school (Jan. 1970 - Nov. 1973) - E.A.C.E.
3. Kericho High School (May 1974 - Nov. 1975) E.A.A.C.E.
4. University of Nairobi (Sept. 1976 - June 1979) - B.Sc. (Hons) in Mathematics and statistics
5. University of Nairobi (Oct. 1979 - Sept. 1981) - M. Sc. (Population studies)

Feb. 1976 - Sept. 1976: Worked with the Teachers Services Commission as a school teacher.

Aug. 1979 - Feb. 1980: Worked with the Government computer centre, Ministry of Economic Planning and Development.

Oct. 1981 - Joined the Central Bureau of Statistics as a Demographer.

ATTACHMENT 2

KENYAN INFANT FEEDING STUDY FINANCIAL AND TECHNICAL REPORT
FOR THE PERIOD 5/1/81-8/31/81

I Introduction

The Infant Feeding Study in Kenya started in May 1981 and is scheduled to be completed in April, 1982. Central Bureau of Statistics staff directly involved with the project include: K. Okoth-Agunda, Director of Statistics
John Kekovole, Senior Economist/Statistician
Terry Elliott, Scientific Officer
Peter Bwombuna, Economist/Statistician
Rekha Shori, Statistical Officer
John Owuor, Statistical Officer

In March 1981, a site visit was made by Lani Stephenson to meet with CBS staff and the ethnographers. John Kekovole attended meetings in N.Y. with Consortium staff in May and at that time discussed CBS's role in the project and tentative timetables. Population Council Contract No. CI81.29A was signed by the Director of Statistics on 3 June 1981.

II Technical Progress Report

The first meeting of the Kenyan Infant Feeding Study working group was held on 22July 1981 at CBS. Representatives from the African Medical and Research Foundation (AMREF) who are doing the ethnography and medical infrastructure study attended as well as CBS staff, Michael Latham, and Lani Stephenson. A second meeting was held on 1 September and included representatives from the Research Bureau (E.A.) Ltd. (RBL) who are responsible for the marketing component of the study. The minutes of these meetings, written as progress reports and here attatched (attatchments 1 and 2), provide a technical progress report on all phases of the study up until 31 August 1981.

III Timetable

A timetable of activities for the infant feeding practices survey and other study components is included as attatchment 3.

Progress Report on the Kenyan Infant Feeding Study

Michael Latham and I have decided that regular progress reports on the Kenyan study would be helpful in keeping all concerned parties up to date on what is being done; provide a basis for comments and suggestions; and serve as a written record of events and ideas.

To these ends, I will try to provide twice monthly summaries of the different components of the research to be copied to the list of people below.

I General

On 22 July, a meeting was held at the Director's office of CBS comprised of the CBS Director and project staff; Norman Scotney and Chris Wood, representing AMREF; Michael Latham and Lani Stephenson. RBL representatives were not able to attend. The following points were discussed:

1) CBS has developed an urban listing questionaire to locate women who will have given birth in the 12 months prior to the administration of the infant feeding practices survey. The listing questionaire includes items on income and should provide a sampling frame by sometime in September. It has not yet been determined what ethnic distribution will be included in the IFP survey.
2) The starting date for the IFP survey has been moved from early December to early January to avoid problems caused by December's general population movement.

In addition to Peter Bwombuna and myself, CBS has assigned Ms Rekha Shori, an anthropologist, and Mr. John Owuor, a biologist, to the study. To reach any of us at CBS, write to Room 207, Box 30266 Nairobi. The telephone number is Nairobi 333970, ext. 269.

The attatched organizational chart will be useful in reading the following overview of progress to date. (see attatchment 1)

II Ethnographic Study

The work on the ethnographic study will begin around 24 August with the first priority being the census of infant feeding products to be used in the retail audit. The start of this study has been delayed due to personpower shortages resulting from the overrun of another AMREF study. The urgency of our need for as early a starting date as possible is clear, and all possible efforts are being made towards this goal.

Meetings have been held with Chris Wood, Norman Scotney, and John Kigondu on the medical infrastructure questionaire. Integration of the questions from the Consortium-Trost, John, Michael, Peter, and me into a final draft will be completed by late this week, and we will send along copies when they are available.

The wealth of health facilities in the Nairobi area is matched only by the paucity of available health statistics. The Nairobi City Council operates a maternity hospital, maternity units, health centres and sub-centres, and MCH clinics. The Kenyan government operates hospitals, health centres, and sub-centres; and there are private and mission hospitals and maternity hospitals. We are now working to get an idea of how many of each type of these exist and which have maternity facilities; locations; and the number of births in each per year. This information will be necessary in order to decide on sampling. The n≈50 figure in the proposal will likely need to be increased.

Rekha, John and I have started collecting background information on the health system's staffing and training. Contact has also been made with a local breast feeding group which is also interested in studying the influences of medical personnel on infant feeding practices, and a meeting has been set up to discuss common ground.

IV Government Study

Peter Bwombuna will begin collecting information from secondary sources starting this week. John and Rekha will assist.

V Marketing Study

A series of meetings have been held with Roger Cormack and Ms Shah of RBL, and work on the census of retail outlets for the retail audit has begun, using the attatched retail distribution census form. (see attatchment 2) CBS has supplied maps delineating the areas included in their definition of Nairobi on which we will be able to mark the specific cluster areas when the sampling frame is complete. Meetings with RBL were also held to discuss the questions for the state-of -the-industry interviews and a decision was made to start these at the multinational representative and manufacturing levels immediately with the infant formula companies, and later add any companies whose products the ethnography picks out as important. This work should begin this week. Roger Cormack has suggested that CBS arm their interviewers with a letter of introduction stressing both that the interview is not being conducted for the media, and that all multinational representatives and manufacturers are being interviewed. This is seen as important because of expected opposition of some companies to interviews resulting from both "Bottle Babies" and a very critical piece done by Thames Television last year.

Labels were collected from all available infant feeding products and were finally sent off by air mail last week.

VI The Infant Feeding Practices Survey

John and Rekha have been working on a draft of the IFPS for the last several weeks, and it is now being typed. (luckily, by someone more capable and faster than I) Revisions of the draft will await inputs from the other components.

All comments and suggestions are welcomed.

Terry C. Elliott

Distribution list:

The Population Council
Trost Associates
Michael Latham, Lani Stephenson
AMREF
RBL
CBS, file

MANUFACTURER	PRODUCT		SIZES	PRICE	PACKAGE LANGUAGE	BRIEF TEST	STUDY CATEGORY	EXPIRATION DATE	CAN FILL IN CARD	COMMENTS
FOOD SPECIALITIES INC.	NESTLES	LACTOGEN	KILO	55/30	E, S	✓	1	NO	YES	
		NAN	KILO	55/15	E, S	✓	1	NO	YES	
		CERELAC	500g	15/60	E, S		3	NO	YES	
			KILO	24/75	E, S					
GLAXO	OSTERMILK		500g	15/60	E	✓	1	NO	YES	
	FARLEY WEANING FOOD		250g	8/20	ES		3	NO	YES	
	FARLEY'S CEREAL		250g	10/50	E		3	NO	YES	
	GLUCOLIN		500g	14/55	E, S		4	NO	NO	
COW AND GATE	BABYMILK PLUS		KILO	36/47	E,	✓	1	NO	YES	BOTH BOTTLE & CUP FEEDING
	RUSKS		250g	13/75	E		3	NO	YES	MADE IN HOUSE OF MANJI
WYETH	SMA		500g	21/65	E, PIC	PRESERVED ✓	1	YES *	NO	MADE IN AUSTRALIA
	S-26		500g	22/70	E, PIC	PRESERVED ✓	1	YES *	NO	
ABBOTT	ENFAMIL *									
	SIMILAC ISOMIL *		400g	41/05	E,	✓	1	YES	NO	MADE IN AUSTRALIA
ROBINSONS (GLAXO-BOOTS) MADE IN ENG.	MIXED CEREAL		170g	15/05	E		3	YES	YES	
	MIXED GRAIN FOOD		170g	15/05	E		3	YES	YES	
	CARY CEREAL		170g	15/05	E		3	YES	YES	

* BUT EXPIRED JUNE '82

BEST AVAILABLE DOCUMENT

BEST AVAILABLE DOCUMENT

ATTACHMENT 1 (CONT.)

MANUFACTURER	PRODUCT	SIZES	PRICE	PREP LANGUAGE	BREAST BEST	STUDY CATEGORY	EXAMINATION RATED	COMMENTS
BORDEN FOODS LTD MALLOW IRELAND	KLIM	400g	59/50	F, E	YES	2		FEEDING TABLE, RECC AND SUGAR, USE SPOON AND CUP, RECC + CANS / MONTH.
DUBUIT (K) LTD BOX 49020 NBI	FLAMBO INSTANT ENERGY DRINK	350g	60/75	E	NO	4	NO	'FOR BABIES' 'HELPS BABIES REPLACE LOST ENERGY'
DOINYO LESSOS CREAMERIES LIMITED BOXLY ELDORET	COW BELL STERILISED FULL CREAM MILK	400ml	6/35	F, E	NO	2	NO	'THIS FULL CREAM MILK IS IDEAL FOR INFANTS, BEING COMPLETELY STERILISED'
NATIONALE COOP ZUIDERVERKOOPCENTRALE HOLLAND	LITA CONDENSED, FULL CREAM SWEETENED MILK	397g	19/95	E	NO	2,4	NO	'DIRECTIONS FOR BABY FEEDING' 'LITA BRAND MILK IS ESPECIALLY SUGGESTED FOR BABIES' TABLE FOR PREP. PICTURE OF SPOILING NURSE.

4 September 1981

Progress Report on the Kenyan Infant Feeding Study*

I General

On 1 September an informal working group meeting was held at CBS. Attending were the CBS project staff, Norman Scotney and John Kigondu from AMREF; Michael Latham and Lani Stephenson; Roger Cormack and Ms Shah representing RBL; and Linda Lou Kelley. Linda will be at CBS for the next 4 months on an AID contract analysing previously collected data on rural breastfeeding and linking it to more recently collected economic data. The bulk of this progress report is from the minutes of the working group.

II Ethnographic Study

The work on the ethnographic study was begun in the Kibera district of Nairobi on 28 August. There was a slight delay due to a change in District Officer, which necessitated a new letter of authorization from CBS. Two anthropologists are now in the field doing sequential interviews with the same women. The women being interviewed have been identified by AMREF employees living in the area, and both Norman Scotney and John Kekovole feel that Kibera district represents a good cross section of the low income population. AMREF has suggested either the distribution of a pamphlet or showing an educational film on breastfeeding in the area after both the ethnography and the IFPS are finished, as one way of providing something to the community for their help in the study.

The need for ethnographic information on infant feeding and weaning foods for both the retail audit and the state-of-the-industry interviews was brought up, and it was noted that both the late start and the necessarily small sample of in-depth interviews of the ethnography component make the timely provision of representative information difficult. One possible solution would be to question women during the urban listing questionaire who will not be eligible for the survey (by reason of their infant being too old) about their feeding/weaning practices.

III Medical Infrastructure

A meeting was held on 2 September with Lani and Michael, John Kigondu, and the CBS group to finalize the medical infrastructure questionaire. The final copy will be sent out as soon as it is typed (hopefully next week). AMREF will then pretest it.

*Distribution is the same as the last report.

Details of the sampling for the interviews are still incomplete Pending more information on the Nairobi City Council Health system. We have been able to bet their latest annual report (1973) and are hoping to be able to get more updated information next week. Of the City Council services, unofficial sources have pinpointed the Pumwani Maternity Hospital, maternity units in City Council housing estates, and district domiciliary midwives as the most likely sources for interviews. The sample will also include personnel from Kenya government, private, and mission hospital maternity wards; TBAs; health administrators, officials, and trainers.

IV Government Study

Peter Bwombuna has begun work on the government study and has been collecting information on the taxes and duties related to the importation of either formula or the raw or processed materials necessary to produce it locally. Work has also been started on the collection of background information on the Kenyan leglislative process.

V Marketing Study

RBL has completed the retail census and is ready to start on the state-of-the-industry interviews. CBS has prepared letters of introduction to the different multinational representatives, and RBL will continue the work during continued contract negotiations with Trost.

The question arose of whether manufacturers of all product categories, or just infant formula manufacturers should be interviewed. The concensus was that for now interviews should be conducted on manufacturers of all infant formulas, and that questioning in these intervews should include dairy products or weaning foods manufactured or marketed by the same companies. Further investigations will have to await more information on exactly what products need to included (see Ethnographic Study section).

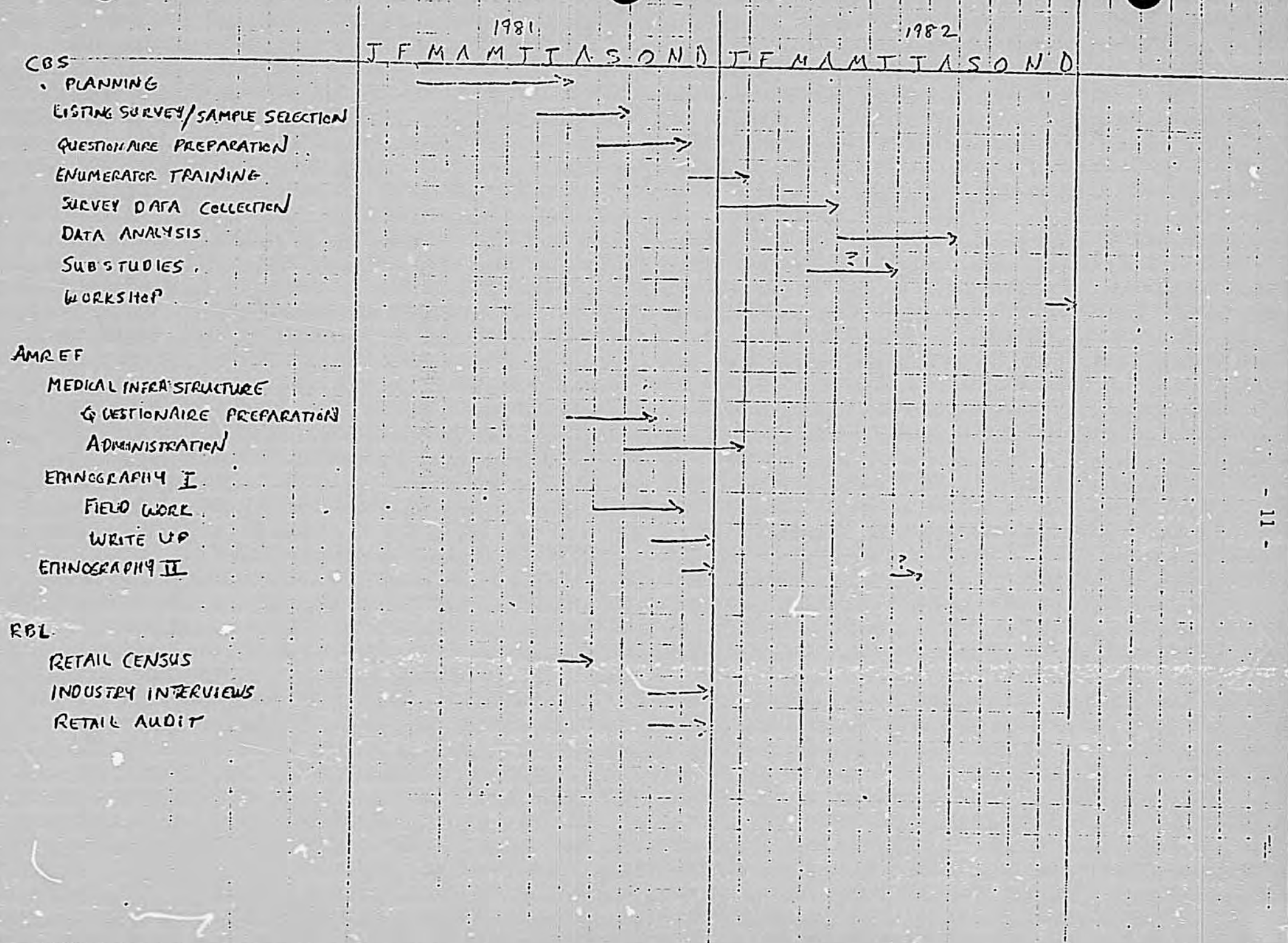
VI The Infant Feeding Practices Survey

The John and Rekha draft of the IFPS is still being typed. Handwritten copies were made available to the working group and comments are appreciated. Typed copies should be available to send out soon (Allah willing). Word has come this morning from UNICEF that the infantometers and scales have arrived and can be picked up at their offices.

A letter dealing just with the sampling for the IFPS will soon follow, and will hopefully address/discuss some of the concerns raised in Virginia's letter to John Kekovole.

Keep those cards and letters coming.....

Attachment 3 – Timetable of Activities



ATTACHMENT 3
21 September 1981

Progress Report on the Kenyan Infant Feeding Study

I General

No meetings or even informal working groups to report on this time out. The next assembly is tentatively scheduled for early Oct.

II Ethnographic Stucy

The ethnographic study is continuing in Kibera, with the two AMREF anthropologists. Norman Scotney is pleased with the progress and the quality of the information. Because many of the interviews are conducted in Kikuyu and the subject matter being covered, it was decided that for CBS observers to accompany the interviewers would be counterproductive. Over the next few weeks, briefings will be held between the interviewers and CBS staff.

III Medical Infrastructure

The medical infrastructure questionaire is being printed and accompanies this report as attatchment 1. There are two basic questionaires - one for "trained" medical personnel, and one for TBAs. Additional questions will be asked of those people connected with training programs.

We have finally penetrated the City Council Municipal Office for Health and have gathered enough information to both complete our overview of Nairobi health services, and to draw up a tentative sample for the medical infrastructure interviews. The proposed sample is included as attatchment 2. Actual interviewing will be begun sometime next week by John Kigondu and the AMREF group.

IV Government Study

Work is continuing on the government study with interviews and background information collection starting with the Ministries of Health, Agriculture, Culture and Social Services, Education, and Information and Broadcasting. CBS has contacted Trost for clarification of their contract, and hopefully this paperwork will soon be finalized. Peter Bwombuna will be filing a report with Trost sometime the week of 5 October on the progress of the study segments which he is coordinating.

V Marketing Study

RBL is starting industry interviews the week of 21 September and has offered to include CBS representatives whenever mutually convenient. Work on the retail audit and remaining interviews will await ethnographic data and the results of a supplementary questionaire being administered with the listing survey.

The supplementary questionaire (attatchment 3) was rather hastily designed to take advantage of a training session for listing survey interviewers. It will be administered to about 10 eligible women in each of the 20+ cluster areas that the interviewers first do at the time of the listing survey. A woman will be considered eligible if she is not pregnant, has not given birth in the last 21 months, but has given birth in the last 5 years. This purposefully excludes any woman who might be later included in the IFPS. The purpose of the questionaire is to give us a better idea of what products need to be considered by RBL, and will supplement data from the ethnographers.

VI The Infant Feeding Practices Survey

The John and Rekha draft of the IFPS is still being typed. We are at the moment trying to appropriate a typist here for our project work, and this should speed things up. In the meantime, you'll have to suffer my typos.

The infantometers and scales have arrived - 8 scales, and 6 infantometers. CBS prefers to use scales calibrated to 0.1 kg instead of .5 kg, and we are checking to see if an exchange can be made.

The letter that I promised on the sampling has not yet materialized and is on the agenda for this week, now that the listing interview training is finally out of the way.

I repeat my call for any comments, suggestions, ideas, etc.

Terry C. Elliott

Distribution: The Population Council
Trost Associates
Lani Stephenson, Michael Latham
AMREF
RBL
CBS, file

ATTACHMENT 1A

A STUDY OF THE ROLE OF HEALTH WORKERS AND HEALTH CARE PROVIDERS AS DETERMINANTS OF INFANT FEEDING PRACTICES

The Government of Kenya through the Central Bureau of Statistics, Ministry of Planning and Development, and the African Medical and Research Foundation are conducting a survey on Infant Feeding Practices in the country. It is recognised that health workers who come into contact with mothers learn a lot about what mothers think about infant feeding and have a lot of influence on the patterns of infant feeding they adopt. There are some questions I would like you to answer in connection with this study. A few of them are personal to you but most concern infant feeding practices in your institution and your opinions about these.

The objective of the study is to find out the current infant feeding practices which are prevalent in the country especially in urban and semi-urban areas. Health workers from all over Kenya will be asked these same questions.

Some of the questions may not be applicable. Please answer all relevant ones so that we can learn the opinions of health workers in different parts of Kenya.

The information obtained from you will be treated as confidential. This interview can be terminated at any time if you do not feel free to continue with it.

A STUDY OF THE ROLE OF HEALTH WORKERS AND HEALTH CARE PROVIDERS AS DETERMINANTS OF INFANT FEEDING PRACTICES

QUESTIONNAIRE

1. Name .....
2. Designation .....
3. Sex ..... 4. Age .....
5. Married/Single .....
6. Name of Health Facility .....
7. Province .....
8. Duration at this Facility ..... Months/Years.....
9. Where were you working before you came to this facility?.....

   .....
10. Name of Highest Health Training Institution.....
11. (a) Date of Graduation (if any) 19.....

    (b) Length of period in health service .....months/years
13. Qualifications .....
14. Which conferences, meetings, seminars, workshops (if any) have you attended in the last 12 months related to Infant Feeding?

2

15. Which are the medical journals, magazines, publications, that you read regularly?

FOR FEMALE RESPONDENTS ONLY

16. How many children do you have? .....

17. Interviewer: Ask the relevant questions to complete the table on page 12 for the youngest and oldest children.

18. How long after your last delivery did you resume duty? .....

19. Is there maternity leave in your organization? Yes/No

20. Do/Did you get time off after resuming duty for breast feeding? Yes/No

21. Is/Was it difficult for you to breast feed? Yes/No

22. How would you feel if you saw one of your friends or relatives breast feed her baby in a public place in Nairobi with her breast exposed?

Shocked Embarrassed

Indifferent Pleased

3

23. What do you consider the best feeding alternatives for infants?

Age	Food
0-3 months	
3-6 "	

24. Are there any exceptions to these best alternatives? What about:

(a) A mother who works several miles away from home, say in a factory?

(b) A mother who complains that she does not produce adequate supplies of breast milk?

(c) A mother who has a fussy baby?

(d) A mother with any other breast feeding problems?

FOR ALL HEALTH WORKERS IN INSTITUTIONS

25. Are drugs given to mothers to "dry up their milk"? Yes/No
If yes:

(a) What is/are the drugs given?

(b) How is/are the drugs given?

(c) How long after delivery is/are the drugs given?

26. If a mother is healthy, well fed and lactacting normally for how long can breast milk alone satisfy the nutrition needs of the infant?

How many months?

27. At what age do you think a mother should start giving supplements such as uji (gruel) or some similar food regularly?

How many months?

28. If a mother is healthy, well fed and keen to breast feed for as long as it is considered helpful - at what age do you think the baby should stop breast feeding?

How many months?

29. A mother tells you that she liked to have her baby sleep in the bed with her at night. Do you think this is Good/bad?

30. Do most mothers consult you on the appropriateness of one infant feeding method over another? Yes/No

Who else do you think they ask?

31. Do you think it is a health worker's duty to advise women on the appropriateness of one method over another? Yes/No

If not - who should be responsible?

32. Do you ever tell mothers not to breastfeed? Yes/No
Why?

33. Do you ever recommend formula to mothers? Yes/No
Why?

34. Which types, brands are recommended? Why?

Brand recommended	Reasons for recommendations

35. How many shillings per month does it cost in Kenya to feed a four month old baby entirely on Lactogen to meet its full nutrient requirements?

How many shillings:

5

36. Have you ever heard of health workers who sell formula to patients? Yes/No

Do you know of such health workers? Yes/No

37. What do you advise mothers to do if they are breastfeeding and develop one of the following problems:

Mastitis

Breast abcess

Breast engorgement

Sore nipple

38. Are any of these problems common? Yes/No

Are there any other common problems experienced by breast feeding mothers? Yes/No

If yes, which are they?

39. Do women who breastfeed usually supplement breast milk with formula?

If yes at what age? ..... weeks/months

40. At the hospital clinic where you work, following a delivery without complications is the baby separated from the mother? Yes/No

If yes, how soon after birth?

For how long?

Why?

41. If a mother intends to breastfeed her baby, how soon after a normal delivery (without anaesthesia) do you think the baby should be put to the breast? After ..... hours

42. Does the hospital/clinic you work in have a separate nursery? (other than for isolation) Yes/No

43. If you delivered a baby in a modern hospital would you prefer:

(a) the baby to be left beside you?

(b) the baby be kept in the hospital nursery?

44. In your hospital/clinic, who is responsible for feeding babies? .....(Title/Designation). Is this done on a time schedule? Yes/No

45. Do you think it is better for the baby to be breast fed:

(a) On a regular schedule, for example, every 3 hours?

(b) Or on demand?

46. What kinds of contraception do you recommend for women who are breastfeeding?

Post partum period	Contraceptives
At 6 weeks	
At 6 months	

47. Are there any kinds of contraceptives that should not be used by a breastfeeding mother?

Post partum period	Contraceptives
At 6 weeks	
At 6 months	

8

Please let me know honestly your opinion on the following statements.

48. A baby with diarrhoea should be taken off the breast at least 24 hours.
True/False/Not sure

49. It has been found that some babies are allergic to breast milk and should be fed from the bottle.
True/False/Not sure

50. A woman who is still breast feeding (lactacting) fully is less likely to become pregnant 6 months after delivery than a woman who stopped breast feeding within 3 months of delivery. True/False/Not sure

51. A woman should not have sexual intercourse with her husband for at least 3 months after delivery if she is breast feeding.
True/False/Not sure

52. A mother with a three month old baby decided to bottle feed it during the day and continue to breast feed at night. This results in her gradually having insufficient milk. True/False/Not sure

53. Colostrum should not be fed to a baby. It is better to wait until the first milk appears before putting the baby to the breast.
True/False/Not sure

54. One result of breast feeding is that the breasts lose their shape.
True/False/Not sure

55. A breast fed baby is less likely to get certain infectious diseases than a bottle fed baby.
Tru/False/Not sure

56. Breast milk substitute such as Lactogen, Ostermilk etc. contain exactly the same quantities of essential nutrients as does breast milk.
True/False/Not sure

57. If a mother cannot breast-feed her one month old infant and has a reasonable income it is better for her to use a substitute similar to Lactogen or Ostermilk than sweetened condensed milk.
True/False/Not sure

58. The "let down reflex" can be affected by the emotional state of mothers.
True/False/Not sure

9

59(a) Recalling from your medical course what were the highlights of your training on infant feeding?

(b) Are your views on Infant Feeding now the same as those you were taught? Yes/No

If not, what are the major differences?

10

RELATIONS WITH COMPANIES

60. Do infant formulae company visit you? Yes/No

If yes, how many times in the last 12 months?

.....

61. What items do they leave with you?

62. Do they talk to the mothers? Yes/No

63. Do mothers receive complementary supplies from manufacturers of infant formulae on discharge? Yes/No

If yes, which supplies and by which company?

Supplies	Company

(If possible interviewer obtain one of the supplied items)

11

64. Are these supplies given to all women or to only some of them? All/some

If some who decides?

65. What is the amount/supply given to mothers?

66. How long is this supply expected to last?

67. Do you think that commercial manufacturer of breast milk substitutes (like Lactogen or Ostermilk) should be allowed to give mothers free samples after their babies deliver in hospital? Yes/No

68. Some health workers favour legislation and some do not to ban totally the advertising of breast milk substitute in Kenya?

Do you favour this type of legistation? Yes/No

69. If yes, do you think this should also include advertising to the medical professional?

70. Do you think that representatives of formulae companies should be allowed to visit mothers soon after the deliveries? Yes/No

71. Does the Kenya Medical Association or the Kenya Nurses and Midwives Council take a position on infant feeding? Yes/No/Do not know

If yes, what is that position?

72. Interviewer Please list all the materials, charts, posters, booklets etc. in the facility related to infant formulae manufacturers. Use separate paper.

PERSONAL INFANT FEEDING RECORD

Serial Number	Age in Weeks/ Months/ Years	Sex	Length of Breast - Feeding in weeks/ months	Reasons for stopping Breastfeeding	Age at which supplementary feeding started	*Type of supplementary foods given to baby

[illegible]

WORKERS AND HEALTH CARE PROVIDERS AS

DETERMINANTS OF INFANT FEEDING

PRACTICES

ATTACHMENT 1B.

The Government of Kenya through the Central Bureau of Statistics, Ministry of Planning and Development, and the African Medical and Research Foundation are conducting a survey on Infant Feeding Practices in the country. It is recognised that health workers who come into contact with mothers learn a lot about what mothers think about infant feeding and have a lot of influence on the patterns of infant feeding they adopt. There are some questions I would like you to answer in connection with this study. A few of them are personal to you but most concern infant feeding practices in your institution and your opinions about these.

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A STUDY OF THE ROLE OF HEALTH WORKERS AND HEALTH CARE PROVIDERS AS DETERMINANTS OF INFANT FEEDING PRACTICES

QUESTIONNAIRE FOR TBA's

1. Name .....
2. Designation .....
3. Sex ..... 4. Age .....
5. Married/Single ..... 6. District .....
7. Province .....
8. Length of period you have worked as a TBA .....
9. From whom did you learn the work of a TBA .....
10. Have you had any other training such as at a seminar or workshop? Yes/No

    If yes quote when and where

Date/year	Place	Organisers/sponsors

11. Level of education attained (Primary/Secondary) .....
12. How many births do you conduct per month (average) .....
13. Have you had occasion to refer a pregnant mother to a hospital/clinic? Yes/No
14. If yes for what problems?

15. How many children do you have? .....

16. Interviewer: Ask the relevant questions to complete the table on page 7 for the youngest and oldest children.

17. How would you feel if you saw one of your friends or relatives breast feeding her baby in a market place with her breast exposed?

Shocked | Embarrassed

Indifferent | Pleased

18. What do you consider the best feeding alternatives for infants?

0-3 months

3-6 "

19. Are there any exceptions to these best alternatives? Yes/No

What about: A mother who works a long way from home?

A mother who complains that she does not produce adequate supplies of breast milk?

A mother who has a baby who is reluctant to breastfeed?

A mother with any other breastfeeding problem?

20. What do you advise mothers to do if they are breastfeeding and develop one of the following problems?

Mastitis

Breast abscess

Breast engorgement

Sore nipples

21. Are any of these problems common? Yes/No

Are there any other common problems experienced by breast feeding mothers? Yes/No

If yes, which are they?

22. If a mother intends to breastfeed her baby, how soon after a normal delivery do you think the baby should be put to the breast? After _____ hours

23. Are drugs given to mothers to "dry up their milk"? Yes/No

If yes

a) What is the drug given?

b) How is the drug given?

c) How long after delivery is the drug given?

24. If a mother is healthy, well fed and lactating normally for how long can breast milk alone satisfy the nutrition needs of the infant?

How many months? ----------

25. At what age do you think a mother should start giving the supplements to breastmilk such as uji (gruel) or some similar food regularly?

How many months? ----------

26. If a mother is healthy, well fed and keen to breast feed for as long as it is considered helpful - at what age do you think the baby should stop breast feeding?

How many months? ----------

27. A mother tells you that she liked to have her baby sleep in the bed with her at night. Do you think this is good/bad?

28. Do mothers consult you on the appropriateness of one infant feeding method over another? Yes/no

    If not who do you think they ask?

29. Do you ever tell mothers not to breastfeed? Yes/No

    Why?

30. Do you ever recommend formula to mothers? Yes/No
    Why?

31. Do women who breastfeed usually supplement breast milk with other types of infant foods bought at the shops? Yes/No

    If yes which Brands are commonly used?

32. If you delivered a baby in a modern hospital would you prefer :

    a) the baby to be left beside you?

    b) the baby be kept in the hospital nursery?

33. Do you think it is better for the baby to be breast fed:-

    a) On a regular schedule for example every 3 hours?

    b) Or on demand?

34. What kinds of contraception do you recommend for women who are breastfeeding?

Postpartum period	Contraceptives
At 6 weeks	
At 6 months	

35. Are there any kinds of contraceptives that should not be used by a breastfeeding mother?

Post pactum period	Contraceptives
At 6 weeks	
At 6 months	

Please let me know honestly your opinion on the following statements.

36. A baby with diarrhoea should be taken off the breast at least 24 hours.

True/False/Not sure

37. A woman who is still breast feeding (lactating) fully is less likely to become pregnant 6 months after delivery than a woman who stopped breast feeding within 3 months of delivery.

True/False/Not sure

38. A woman should not have sexual intercourse with her husband for at least 3 months after delivery if she is breast feeding.

True/False/Not sure

39. A mother with a three month old baby decided to bottle feed it during the day and continue to breast feed at night. This results in her gradually having insufficient milk.

True/False/Not sure

40. Colostrum should not be fed to a baby. It is better to wait until the first milk appears before putting the baby to the breast.

True/False/Not sure

41. A breast fed baby is less likely to get certain infectious diseases than a bottle fed baby.

True/False/Not sure

6

42. Breast milk substitutes such as Lactogen, Ostermilk etc. contain exactly the same quantities of essential nutrients as does breast milk.

True/False/Not sure

43. If a mother cannot breast-feed her one month old infant and has a reasonable income it is better for her to use a supplement such as Lactogen or Ostermilk than sweetened condensed milk.

True/False/Not sure

44. One result of breast feeding is that the breasts lose their shape.

True/False/Not sure

PERSONAL INFANT FEEDING RECORD

Serial Number	Age in Weeks/ Months/ Years	Sex	Length of Breast - Feeding in weeks/ months	Reasons for stopping Breastfeeding	Age at which supplementary feeding started	*Type of supplementary foods given to baby

*1 Ask for foods given in the morning, around noon, evening and at night.

A STUDY OF THE ROLE OF HEALTH WORKERS AND HEALTH CARE PROVIDERS AS DETERMINANTS OF INFANT FEEDING PRACTICES

ATTACHMENT 2

Sample of Interviewees:

Nairobi:	Physicians	Others
MOH HQ.	DMS DDMS (MCH/FP DDMS (Manpower Dev/Trg)	CNO
NFWC		
KNH	D/Director Director MO i/c Maternity	MCH/FP Tutor MCH/FPN i/c Sister i/c 2 midwives
MTC	Principal	MCH/FU Tutor
School of Nursing		Officer i/c MCH/FP Tutor
Medical School	Dean Ob.Gy Spec. Comm H. Spec.	
Advanced School of Nursing		Officer i/c MCH/FP Tutor
Nairobi City Council		
Public Health Department	MOH MO i/c MCH/FP	Nurse i/c MCH/FP services
Pumwani Maternity Hospital	Superintendent ObGy Spec. Paed. Spec. MO Mat. ward	Matron Nurse i/c Mat. ward 2 x Midwife
Woodley MCH	MO i/c	Nurse i/c Midwife x 2
Karen MCH		
Langata MCH		
Makadara MCH		

Parklands Training Centre	MO i/c	Senior Tutor MCH/FP Tutor
Non-Government Institutions:		
Aga Khan Hospital	Superintendent Ob.Gy. Cons. Paed. "	Sister i/c Maternity 2 Midwives MCH/FP Tutor 1 Midwife Tutor
Mater Misericordiae	Superintendent Ob.Gy. Cons. Paed. "	
Nairobi Hospital	Superintendent Ob.Gy. Cons. Paed. Cons.	Sister i/c Maternity 2 Midwives MCH/FP Tutor 1 Midwife Tutor
Parklands Nursing Home	Superintendent Ob.Gy Cons. Paed. Cons.	Sister i/c Maternity 2 Midwives
Radiant Clinic	Superintendent MO i/c Mat.	Sister i/c Maternity 2 Midwives
Other Institutions:		
Turu RHTC	?	2 Clinical Officers 2 RM/N 2 EM/CN
Maragua RHTC		
Kiambu District Hospital	MO i/c ObGy Cons. Paed. Cons.	Sister i/c 2 Midwives
Thika District Hospital	MO i/c ObGy Cons. Paed. Cons.	

CE Courses:

Kenya Institute of Administration	6 MOHs
Kericho	20 TBAs
Bungoma	20 TBAs
Maragua	10 Nut. Field Workers
	10 RHTC Tutors

LISTING SURVEY SUPPLEMENTAL SHEET 2

(Nairobi only)

ATTACHMENT 3 A

ONLY FOR MOTHERS WHO HAVE NOT HAD A LIVE BIRTH IN THE LAST 21 MONTHS (SINCE JANUARY 1980), AND ARE NOT EXPECTING TO DELIVER IN THE NEXT 3 MONTHS - BUT HAVE HAD A LIVE BIRTH IN THE LAST 5 YEARS.

1. WHAT DID YOU FEED YOUR BABY BEFORE HE/SHE WAS 3 MONTHS OLD?

   1. _____

   2. _____

   3. _____

(Only list the 1st 3 items mentioned. For commercial products, list brand names if possible)

2. WHAT WAS THE FIRST FOOD OTHER THAN BREAST MILK, FORMULA, OR COW'S MILK THAT YOU FED YOUR BABY?

   1. _____

3. BEFORE YOUR BABY WAS ONE YEAR OLD, DID YOU EVER FEED HIM/HER?

INFANT FORMULA	YES/NO	BRAND?
BABY CEREALS	YES/NO	BRAND?
GLUCOLIN OR OTHER GLUCOSE DRINKS	YES/NO	
COWS MILK	YES/NO	
SWEETENED, CONDENSED MILK	YES/NO	
POWDERED MILK	YES/NO	
UJI	YES/NO	
TONICS OR VITAMINS	YES/NO	

EXAMPLES OF PRODUCTS FOR THE LISTING SURVEY SUPPLEMENTAL QUESTIONAIRE

ATTACHMENT 3B

INFANT FORMULA

Nestles Lactogen, Nan
Cow and Gate Babymilk plus
Ostermilk
SMA
S-26
Enfamil
Similac Isomil

BABY CEREAL

Farex Weaning Food
Farley's Cereal
Nestles Cerelac
Robinson's Baby Cereals

GLUCOSE DRINKS

Glucolin
Flambo

POWDERED MILK

Safariland

SWEETENED CONDENSED MILK

Cow Bell

ATTACHMENT 4

11 November 1981

Progress Report on the Kenyan Infant Feeding Study

I General

A meeting of the Kenyan Infant Feeding study team was held on 10 November at CBS. Participating were Norman Scotney, Wamucii Njogu, Wambui Kogi and John Kigondu from AMREF; Ms Shah from RBL; John Cuhor, Rekha Shori, John Kekovole, Kibet Kemei, and myself from CBS; and Penny Van Esterik, Michael Latham, and Lani Stephenson from Cornell. The minutes of this meeting form the basis of this report.

Kibet Kemei, a demographer who has recently joined CBS will be replacing Peter Bwombuna on the government component of the study. Due to changing personnel needs here at the Bureau, Peter has been transferred to another section.

II Ethnographic Survey

The Kikuyu interviews in Kibera were completed last week by Ms Njoga and Ms Kogi, and the Luo interviews are continuing. So far, in-depth interviews have taken place with 42 mothers with an expected additional 10 interviews still to be done with Luo mothers. Penny will work with AMREF on analysis of the collected data while she is here and a meeting is planned for 18 November with the ethnographers and CBS personnel working on the draft questionaire. Ethnographic inputs will be especially important in the areas of attitudes, cultural sensitivity to the subject matter, and terminology and language. A more complete report on the ethnography will be included in Penny's travel report.

III Medical Infrastructure

The Medical Infrastructure questionaire has been administered to 72 people in AMREF training courses including 45 TBAs. Two problems have been encountered. The questionaire is too long (requiring 45-90 min. to complete) and some of the questions are not clear. Because of the length, the trainees have been allowed to take the questionaires home and return them. It was decided that the quality of the data was dependent on making the questionaire an interview process instead of a take-home exercise. John Kigondu suggested that we consider the already-completed questionaires as a pre-test, and that we clarify and shorten the questionaire to allow it to be administered on the spot. This will be undertaken this week, and copies will follow this report. Data collection for the medical infrastructure will now probably extend into January.

IV Government Study

The Trost-CBS contract is finally signed and should be winging its way westward. As mentioned earlier, Kibet Kemei is replacing Peter Bwombuna at CBS and is working now on the demographic profiles and bibliography. John, Rekha, and Peter are drafting the report on the data they have collected.

V Marketing Study

Ms Shah reports that a verbal agreement has been reached between RBL and Trost for the industry interviews and retail audit. The first interview - with Food Specialities, Inc. (Nestlés) - is scheduled for 19 November, and I will accompany Roger Cormack. Food Specialities has requested a list of questions beforehand, and a compromise decision was reached here to give them a list of specific questions on topics requiring some research (production statistics, etc.) and to also supply a very general list of the other question areas.

The retail audit proposed sample has been sent to Trost for approval. The results of the supplemental questionaire which was circulated with the listing survey to identify feeding products (see last progress report) is nearly tabulated. The results point to a pronounced market dominance by Nestlés products (Nan, Lactogen, and Cerelac) and turned up no new products not already included in our preliminary list (see attatchment 1).

VI The Infant Feeding Practices Survey

The results of the listing survey will soon be available and at that time a meeting will be held with Mr. Ondora of the sampling section to discuss the sample. The tentative languages for the survey are Kikuyu, Luo, and Swahili. The ethnographers are looking at their data to suggest the most appropriate cut-off age for the infants to be included.

At Michael's suggestion, I have been working on a version of the questionaire for Kenya based directly from the hypotheses of the proposal, which will then be integrated with the John and Rekha draft. The resulting draft will be worked on with the ethnographers next week and will either be ready to send back with Penny or shortly thereafter.

All comments and suggestions are welcome.

Terry C. Elliott
CBS

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