

**THE INTEGRATED MANAGEMENT
OF CHILDHOOD ILLNESS (IMCI):
THE ADAPTATION OF FEEDING
RECOMMENDATIONS FOR ANTSIRABE II
AND FIANARANTSOA II DISTRICTS
OF MADAGASCAR**

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ACRONYMS

BASICS	Basic Support for Institutionalization of Child Survival
DHS	Demographic and Health Survey
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
MOH	Ministry of Health
NAC	Nutrition Assise Communautaire
NGO	Nongovernmental Organization
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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I. EXECUTIVE SUMMARY

The BASICS project will assist the Malagasy Ministry of Health to implement the Integrated Management of Childhood Illness (IMCI) Initiative in Antsirabe II and Fianarantsoa II, the two rural districts where the BASICS project will be concentrating its activities. As part of a series of local adaptation exercises performed before the training of health workers for IMCI, feeding recommendations for young children are adapted to local needs. The adaptation research is carried out in a sample of homes to find out what improved feeding practices are most acceptable to mothers and their children. This research, referred to as household trials of improved feeding practices, was carried out from October 4–25, 1996.

The research team consisted of personnel from the MOH nutrition and research services, GTZ and Cooperation Francaise (two NGOs interested in implementing the IMCI), UNICEF, and the Peace Corps with a local NGO counterpart. After five days of training, the team conducted the household trials in three areas in each of the two districts.

A total of 103 out of the 109 mothers of children under-2-years who were recruited for the study completed the series of three visits (paid to the mother): first, to gather information on the child's health and feeding; second, to talk with the mother about practices she could try to improve her child's feeding; and third, to find out what she had been able to do after three to five days.

The results showed that all but two mothers had tried one or more of the recommendations they had agreed to try (most mothers received three). Feeding practices in the two districts were similar and most mothers in both districts were willing to try and adopt the following common recommendations:

- Breastfeed exclusively and stop giving other foods and liquids (most mothers of infants under-4-months).
- Breastfeed at least 10 times day and night (for infants under-6-months).
- Breastfeed long enough each time to empty the breasts.
- Thicken rice porridge (*riz mou bouillie*) that is too watery.
- Enrich the child's food by adding one or more foods, such as pounded peanuts, oil, soya flour, sugar, fish, meat, green leafy vegetables, *patsa* (tiny dried shrimp), and/or milk.
- Mash and feed all the ingredients in the *laoka* (vegetables, fish, meat) that is eaten with the rice.
- Increase the total number of times the child is fed, including snacks between main meals.
- Increase the amount of food fed per serving.

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- Encourage the child with poor appetite to eat frequently, and give preferred foods.
- Reduce or stop liquids such as sugared water, tea, *eau de riz*, and coffee that are given to the child and replace them with breastfeeding or more nutritious food for the child.

The most common constraint mothers expressed was the lack of money to buy energy-rich foods to accompany rice (the staple) or tubers such as sweet potato and cassava. In spite of that, most tried the recommended practice, but said that they could not practice it every day. Most said they would adopt the practices they tried because their children enjoyed them, and they want their children to be healthy. The results were used to draft feeding recommendations for age groups 0–6, 6–12, and 12–24 months (Appendix A).

II. BACKGROUND

In support of the Malagasy Ministry of Health plan to implement nationally the Integrated Management of Childhood Illness (IMCI) Initiative, the USAID-supported BASICS project is preparing to assist the initiative in Antsirabe II and Fianarantsoa II, the two rural districts where the BASICS project will be concentrating its activities. The IMCI initiative trains health workers to assess the whole child before making a diagnosis, not merely prescribe treatment based on the presenting symptom. Part of the assessment involves determining the child's nutritional status and offering relevant feeding advice to the caregiver. Before the health workers are trained to implement IMCI, the adaptation of feeding recommendations is among a series of adaptations of program guidelines made to suit local needs. This is a report of how the adaptation of feeding recommendations for children less than 2 years old was carried out in the two districts.

Since other donor agencies such as GTZ and Cooperation Francaise had expressed interest in training their workers in the IMCI program, their representatives, as well as those from the Ministry of Health Research and Nutrition Services, were invited to join BASICS to train and learn the methodology for adapting the feeding recommendations. The fact that the methodology can be used not only for IMCI (which is carried out in clinics), but also for developing feeding recommendations for community nutrition programs, makes it a particularly useful exercise. Also participating in the research was a representative from UNICEF and two Peace Corps Volunteers (who work on nutrition-related projects) with their local NGO counterpart.

III. ADAPTING FEEDING RECOMMENDATIONS FOR THE FIANARANTSOA II AND ANTSIRABE II DISTRICTS

The IMCI materials provided by the World Health Organization (WHO) include a generic "food box" and "counsel the mother" (Appendix B) sections that require adaptation to suit local situations. The "food box" is essentially a one-page presentation of feeding recommendations that are appropriate for children in specified age groups in the population served by the health services. The feeding recommendations are adapted through the testing of improved feeding

practices in homes to find out which practices are feasible and acceptable to mothers and their children. The adaptation process consists of the following steps:

1. Review existing information and identify data needs.
2. Develop draft feeding recommendations.
3. Test draft recommendations through household trials.
4. Revise recommendations.
5. Circulate revised recommendations among local experts.
6. Suggest local adaptations to the food box and counsel the mother.

This report describes how each step was carried out and the findings.

A. Review Existing Information and Identify Data Needs

1. The project districts

The Fianarantsoa II and Antsirabe II districts are rural districts with populations of about 313,000 and 306,400, respectively. The predominant occupation of the inhabitants is agriculture. Food items grown include rice (the staple food); manioc; maize; potatoes; sweet potatoes; vegetables such as carrots, tomatoes, onions, and an assortment of beans; and peanuts. Peanuts appear widely available in the district of Fianarantsoa II, where they are often seen offered for sale in small quantities by the roadside. Cooking oil is produced from peanuts, but its use is limited by its cost. Pork and beef fat is said to be saved in homes for use in recipes. Soya bean production is being promoted and is available in some areas. Fruits, mostly seasonal, include oranges, bananas, pineapples, pears, peaches, mangoes, papayas, avocados, and apples. Many families raise animals such as chickens, ducks, geese and pigs. A few families have cattle, especially in the Sahanivotry area of Antsirabe II. The animals are reported to be primarily for sale, not for household consumption.

Many of the villages are small, scattered settlements often reached by rough winding roads. The typical rural family house is a two-story, mud-brick house plastered with mud and roofed with thatch. Most of the family activities, including sleeping and cooking, take place upstairs, occasionally in the same room. Since the cooking areas have no chimneys, smoke permeates the upstairs rooms, possibly contributing to the frequent respiratory ailments in children. The first floor rooms are usually used to house small animals.

There are 26 health centers in the Antsirabe II District and 31 in Fianarantsoa II. Most of them are ill-equipped and suffer from a chronic lack of drugs. Sixteen of these health centers (eight in each district) are to be selected for IMCI implementation to upgrade the care provided for sick children.

The rate of chronic undernutrition in children under-5-years is among the highest in the provinces in which the two districts are located (61 percent in Antananarivo Province, and 58 percent in Fianarantsoa Province).

2. *Current feeding practices in the project districts*

A review of the current young child feeding practices is the first necessary step to help decide how these practices can be improved. A consultant hired by BASICS/Madagascar reviewed and summarized the literature and also visited the two districts to interview local people, including health workers and mothers. The feeding practices described in this section are based on the review and other pertinent documents. This information provided the basis for identifying probable infant feeding problems in the project areas. Twenty-four hour diet recalls and interviews that were later performed in the sample households provided more information on which to base final recommendations for improved feeding practices.

Breastfeeding is universal throughout Madagascar, as it is throughout BASICS target districts. However, most mothers delay the initiation of breastfeeding or supplement the breastfeeding with other liquids during the first one to three days after birth while waiting for the “the milk to come in.” Most mothers breastfeed on demand day and night. The liquids that are given to the baby include warm water (with or without sugar) reportedly believed to “clean the gut,” coffee, *eau de riz* (water from boiling rice), and fruit juice. After supplementation in the early postpartum days, many mothers practice exclusive breastfeeding. According to the 1992 DHS, nationally, 42 percent of infants ages 2–4 months are exclusively breastfed. Most of these infants are closer to 2 than 4 months of age; only 17 percent of those aged 4–6 months are exclusively breastfed.

During the third through the fifth month of age, most infants are fed other liquids and foods in addition to breastmilk, either because mothers think they do not have enough breastmilk or they think the child is ready for food other than breastmilk. Rice porridge (*riz mou bouillie*) is the most common food given, but maize and cassava porridge may also be served. It is usually served plain (rice and water only), but may have sugar, or sometimes cow’s milk added to it. It is watery at first, but gradually thickened as the child grows older. Warm water and water from boiled rice or boiled maize may also be given.

From 6 months of age, virtually all babies are fed other foods regularly two to four times a day in addition to breastmilk. *Riz mou bouillie* continues to be commonly fed. Vegetable infusions, teas and coffee are also fed. By 9 months, virtually all the children are fed family meals. The principal family meal consists of boiled rice (*riz sec*) served with an accompaniment (*laoka*)¹. The most common *laoka* is made from green leafy vegetables. For children under-1-year, only the liquid part (*jus*) of the *laoka* is usually given because mothers think other parts of the sauce are not suitable for them. Other vegetables, beans, fish, and meat eaten occasionally by adults are not given to the infants and young children because they are considered indigestible by small

¹ *Laoka* is the term applied to any food that is prepared to eat with rice. It is often, but not always, saucy. If the rice and/or *laoka* is dry, generally the meal will be served with a clear broth that has been cooked with a few green leafy vegetables (*romazava*). The watery *romazava* is used to make the rice and *laoka* more saucy.

children. Snacks include boiled cassava, other tubers such as sweet potatoes, and various kinds of local sweet breads, such as *mofogasy*, *mofosira*.

From 12 months, the children mainly eat the family meals, reportedly unsupervised by the mothers most of the time. Many of them continue to be breastfed as much as they want when their mothers are not away in the fields. They continue to receive the snacks mentioned above. The number of meals (including snacks), other than breastmilk, was reported to be between two to four a day.

There was inadequate information about quantities of food fed to the children. However, the high rate of young children manifesting chronic undernutrition and the rapid deterioration of nutritional status during the first two years suggest that many of the children do not receive enough nutrients to meet their metabolic and growth needs. Based on the energy density of boiled rice (the main component the diet fed to the children, often without any substantive addition of other foods), it can be estimated that in addition to breastmilk, children over 6 months would have to eat to their full stomach capacity three to five times a day to receive their recommended daily energy of intake. The feeding of dilute foods, suboptimal amounts, or infrequent feeding would place them at risk of being undernourished (Appendix C).

B. Develop Draft Feeding Recommendations

Based on the information on current feeding practices of young children, feeding problems were identified by comparing the reported current feeding practices to ideal practices for age groups 0–2 months, 2–4 months, 4–6 months, 6–12 months, 12–18 months, and 18–24 months. These age groupings were considered appropriate, based on the current feeding practices and the critical periods of transition from breastfeeding to family foods. For example, it was expected that mothers of infants less than 2 months old were more likely to breastfeed exclusively and more likely to revert to exclusive breastfeeding even if they were already feeding their child complementary foods. Mothers of infants 2–4 months might also accept such a recommendation. Infants ages 4–6 months are within the period when many mothers are first introducing complementary foods on a regular basis, while during the second half of the first year most children are introduced to family foods, but not offered all parts of them. In the second year, most children are eating family foods regularly; but, within the 12–18 month age group, most are still expected to be breastfed.

Feeding recommendations to improve feeding practices for the specified age groups were drafted. The recommendations were designed to increase the energy intake of the children by encouraging exclusive breastfeeding in infants under-6-months and avoiding other less nutritive liquids, increasing the energy density of the foods fed to older infants and children, increasing the number of times the children are fed, and/or increasing the amount of food given per feeding. The recommendation(s) for improving feeding practices, together with explanations that might motivate mothers to try the recommendation(s), were used as the counseling guide in the household trials (Appendix E).

C. Test Draft Recommendations Through Household Trials

The household trials of improved feeding practices are the core activity designed to help formulate the final feeding recommendations. The trials consist of asking households to try improved feeding practices in order to find out which practices are feasible and acceptable to the majority of mothers and their children. Because the weaning period is the most crucial period of infant and young child feeding (when the rates of malnutrition rise rapidly), the trials are performed with a sample of mothers of children age 24 months or less.

The trials involve working with a sample of households and paying three visits to each home. During the first visit, information is collected about the child's health and appetite, the foods available to the household, a 24-hour recall of the child's diet, and a frequency recall of other foods fed to the child. After an analysis of this information, a second visit is paid to the home on the following day and, through negotiation, the mother decides which suggestion(s) she will try to improve the child's diet. The mother or caregiver is then given a few days to try the recommendation(s), after which time she is visited again in order to find out if and why she has or has not tried the new recommendation(s). For each recommended practice tried, she is asked if she and the child liked it enough to adopt the practice.

1. *The study sites*

Three sites were selected in each of the two districts based on the perception that there might be differences in child feeding practices. Additionally, a common criterion was that the selected site should have a health center proposed for IMCI implementation.

In each of the two districts, a larger rural town (Mahasoabe in Fianarantsoa II, and Manandona in Antsirabe II) and its surrounding settlements were selected. The people in these areas have access to larger markets and a wider variety of foods which might influence what they feed their children and the practices they might be willing to try. The other two sites selected in each district were more remote rural areas.

In the Fianarantsoa II District, the Mahatsinjony area was selected because of reported strong traditional food preferences. The Anjoma-Itsara area was selected because soups were said to feature prominently in the diet and because it was the seat of the UNICEF-supported *Nutrition Assise Communautaire (NAC) Project*, which could be strengthened with appropriate nutrition messages.

In the Antsirabe II District, the district *medicin-chef* suggested the inclusion of a high goiter area (Belazao) where cassava was believed to be a major food item. The other remote rural area,

Sahanivotry, is a cattle-rearing, apple-growing area, where the growing of apples supposedly has undermined the growing and eating of other foods.²

2. *The household sample*

Fifty-six and fifty-three households were recruited in the Fianarantsoa II and Antsirabe II districts respectively. In Fianarantsoa, the trials were completed in 52 households, and in 51 households in Antsirabe II. Households were dropped because the interviews could not be completed. In the Antsirabe II District, one non-breastfed infant died before the end of the study.

Because the overwhelming majority of the families were subsistence farmers with similar lifestyles, differences in socioeconomic status was not considered important in selecting households for the research. An attempt was made to include some children with low-weight-for-age and some children who were sick. However, children with low-weight-for-age could be identified only if they had a recent weight. In Fianarantsoa II, many in the sample were recruited from among a group of children recently weighed by the health workers. Because many of the children identified as undernourished tended to have poor appetite and needed to have special attention paid to their feeding, they are grouped in Table 1 with children who were reported to be ill. It should be noted, though, that since not all children had recent weights, some of those classified as healthy (by their mother's report) could also have had low-weight-for-age.

While the principal activity of a large majority of the parents of the children in the sample is farming, a few of the mothers described themselves as traders, usually of food items. A handful of (mostly) fathers had employment as laborers, pastors, or school teachers. The crops grown in the area include rice; cassava; corn; potatoes; sweet potatoes; vegetables such as tomatoes, carrots, and cabbage; and a variety of legumes. Fruits grown include banana, papaya, oranges, mango, and apple (in the Sahanivotry area of Antsirabe II). At the time of the study (the "hungry season"), the most common fruit encountered in the diet was banana; oranges and papayas were sometimes seen in the market. Some of the wide variety of green leafy vegetables (known collectively as *brede*) that are eaten include the leaves of tubers grown for food (such as cassava and sweet potatoes) and a number of others that are cultivated or gathered from the wild. Animals such as chickens, pigs, geese, ducks, and cattle are usually raised for sale.

Rice is the staple food and is eaten plain or with a *laoka* (the Malagasy term used for any food prepared to be eaten as an accompaniment with rice). The *laoka* is most frequently made from a green leafy vegetable, but may be made of beans, potatoes, or less frequently, fish or meat. The vegetable (or fish or meat) is boiled with a little water to which diced tomatoes and oil may or may not be added. *Riz mou bouillie* (rice porridge) contains varying proportions of water and is the first rice dish most commonly introduced to young infants. It may be fed plain or with sugar,

²

As it turned out, general food preparation and young child feeding practices were quite similar from site to site. What specific foods mothers were willing to try for their children were mostly influenced by the household's ability to obtain the food. At the time of the study, held just before the rainy season, food availability seemed more strained in Fianarantsoa II than in Antsirabe II.

green leafy vegetables, beans, tiny shrimp (known as *patsa*), tiny fish (*pirini*), oil, pounded peanuts, and beans may be added, especially for older children.

Table 1: Distribution of children whose mothers participated in the household trials, by age group, district, and known state of health or weight for age

AGE GROUP (months)	ANTSIRABE II DISTRICT			FIANARANTSOA II DISTRICT			TOTAL
	Healthy/ Normal Wt/Age	Sick and/or Low Wt/Age	Number completing the trials	Healthy/ Normal Wt/Age	Sick, and/or Low Wt/Age	Number completing the trials	
0-2	4	2	6	6	0	6	12
2-4	6	3	9	9	0	9	18
4-6	5	2	7	5	3	7	14
6-12	5	8	11	9	4	12	23
12-18	9	1	10	1	6	7	17
18-24	6	2	8	6	7	11	19
TOTAL	35	18	51	36	20	52	103

3. Results of the household trials

The results of the household trials are provided in the following sections. For each age group, the most important or most common recommendations that were given are discussed, followed by a table showing the results for all the recommendations given for the age group. Because the feeding practices and the common feeding problems encountered in the two districts were similar, and mothers in both districts accepted the same recommendations, the results of the trial of each recommendation are discussed for all the mothers in the two districts who received the particular recommendation. Since most mothers received more than one recommendation, most mothers are counted under more than one recommendation.

■ **Age group: 0-2 months**

Recommended feeding practice: Exclusive breastfeeding

All twelve mothers with infants in this age group reported breastfeeding on demand with a range of 6 to 13 times in 24 hours. Ten of the twelve mothers (five in each district) were breastfeeding exclusively. One 1½-month-old was receiving three tablespoonfuls of sugared *eau de riz* (the water from boiled rice) once a day because the mother thought she did not have enough breastmilk. This child was also receiving one teaspoonful of coffee a day for strength (*force*). The other partially breastfed child was a 2-day-old receiving sugared, boiled water in addition to the

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breastmilk. Some of the other mothers who were breastfeeding exclusively complained of not having enough breastmilk, and some were observed to breastfeed for very short periods. The results for each recommendation follow:

- **Recommendation: Stop other liquids and foods, and breastfeed exclusively**

The two mothers asked to stop other liquids and breastfeed exclusively agreed and did so, although the mother giving the *eau de riz* was initially reluctant to do so because she said she did not have enough milk. She agreed to try when the superiority of her breastmilk over *eau de riz* was explained to her. She was advised to breastfeed more to improve her milk supply. On follow up, she said she would continue exclusive breastfeeding because the baby appeared to be doing well even when she stopped the *eau de riz* and because the child's father thought she should take the advice of the interviewers since they were "knowledgeable" about child feeding.

- **Recommendation: Increase the number of breastfeeds**

All seven mothers who were given this recommendation increased the number of breastfeeds by two to five more times per day. They said they would continue to breastfeed more because the baby cried less, their milk supply seemed to have increased, or the baby appeared to be doing well. Two mothers remarked that the babies were urinating more (which would confirm that the babies were receiving more breastmilk). Another complained that it was hard for her to breastfeed as much as the baby wanted since the baby gets angry if she interrupts the breastfeeding to attend to her customers in the market.

- **Recommendation: Increase the duration of each breastfeed**

The nine mothers who were encouraged to breastfeed longer at each breastfeed all said they had tried to do so and would continue to do so. (Many mothers were advised to increase both the number and the length of the breastfeeds.)

Table 2: Results of the household trials with mothers of infants ages 0–2 months

Recommendations	Antsirabe II					Fianarantsoa II				
	Proposed	Accepted	Tried	Liked	Adopted	Proposed	Accepted	Tried	Liked	Adopted
Feed exclusively on breast and stop giving warm water, coffee, rice-water, and all other foods and liquids	1	1	1	1	1	1	1	1	1	1
Increase the number of breastfeeds to at least 10 times day and night	4	4	4	4	4	3	3	3	3	3
Breastfeed longer each time to empty the breasts	6	6	6	6	6	3	3	3	3	3

- **Age group: 2–4 months**
Recommended feeding practice: Exclusive breastfeeding

All the infants in this age group were breastfed between 5 and 14 times a day, but only 4 out of the 18 children were breastfeeding exclusively (2 in Antsirabe II, 2 in Fianarantsoa II). One 2½-month-old, whose mother would be leaving in six weeks to go to school, was being fed four times a day on sugared *eau de riz* (sometimes with powdered shrimp), tomato juice with sugar, and cow's milk with a feeding bottle, in addition to breastfeeding four times a day. The other infants were most commonly receiving *eau de riz* with sugar or warm sugared water one to three tablespoonfuls, one to three times a day, sometimes with biscuits. Three of the children were also receiving coffee—two teaspoonfuls to one tablespoonful once a day. Two mothers were feeding from only one breast: one mother out of habit without thinking about it, and the other because she preferred her right breast, which was much bigger than the left.

- **Recommendation: Stop other liquids and foods, and breastfeed exclusively**

All but two of the fourteen mothers who were not exclusively breastfeeding agreed to stop feeding their babies foods and liquids other than breastmilk. One of the two who did not was reluctant to stop coffee (although she agreed to stop the *eau de riz*). The other agreed to reduce the *riz mou bouillie* from three times a day to once a day and to stop giving her baby coffee. The student mentioned above increased her breastfeeding from 4 to 10 times a day and agreed to exclusively breastfeed until just before she would be leaving town in more than a month. (Her mother, a teacher, would take care of her baby then, and agreed not to start using a feeding bottle again.) Another mother in Antsirabe II who was breastfeeding only 5 times a day (because the child did not cry) and also giving 3 tablespoonfuls of sugar water increased her breastfeeding to 11 times day and night and stopped the sugar water. She said she had heard about exclusive breastfeeding on the radio, but had not understood it. The mothers generally said they were willing to continue to breastfeed exclusively if that was best for the health of their children and/or because the recommendation was easy to follow. A couple of mothers also remarked that it released them from having to make some other food for the baby.

- **Recommendation: Increase the frequency of breastfeeding to at least 10 times day and night**

Eight mothers were advised to increase the frequency of breastfeeding to at least ten times a day. All but one reported an increase in breastfeeding frequency by two to six more times a day. The higher increases were by mothers who had been breastfeeding only four or five times a day. Many were mothers trying to breastfeed exclusively while they stopped offering other liquids and foods.

- **Recommendation: Breastfeed longer each time to empty the breasts**

Some of mothers were breastfeeding frequently enough, but not long enough at each feeding. All 10 mothers who were advised to breastfeed longer each time said they tried to do so. They said

they would continue to try to do so because the babies seemed calmer, slept longer, and/or fell asleep breastfeeding, or because the milk supply had increased or they wished the babies to be in good health.

- **Recommendation: Breastfeed at both breasts**

Both mothers in Antsirabe II who received this recommendation said they tried to use both breasts instead of their normal practice of using only one. One said she was satisfied with the practice while the other said the baby sometimes threw up when fed on the left breast, which she had not been using.

- **Recommendation: Stop using a feeding bottle**

The young mother and her mother agreed and stopped using a feeding bottle (the only instance of the use of a feeding bottle encountered in the study). The grandmother said she herself had lost a bottle-fed baby who died of diarrhea, so she would not use a bottle even after the baby's mother left to go away to school in Antananarivo, the capital city.

Table 3: The trial of feeding recommendations for babies ages 2–4 months

Recommendations	Antsirabe II					Fianarantsoa II				
	Proposed	Accepted	Tried	Liked	Adopted	Proposed	Accepted	Tried	Liked	Adopted
Feed exclusively on breast and stop giving warm water, coffee, rice-water, and all other foods and liquids.	7	6	6	6	6	7	7	6	6	6
Reduce the amount of water, sugared water and other liquids and foods and breastfeed before giving other foods	1	1	1	1	1	n/a	n/a	n/a	n/a	n/a
Increase the frequency of breastfeeding to at least 10 times day and night.	4	4	4	4	4	4	4	4	3	3
Breastfeed longer each time to empty the breasts	7	7	7	7	7	3	3	3	3	3
Use both breasts at each feeding or alternate the breasts at subsequent feeds	2	2	2	2	2	n/a	n/a	n/a	n/a	n/a
Stop the use of feeding bottles	n/a	n/a	n/a	n/a	n/a	1	1	1	1	1

- **Age group: 4–6 months**
Recommended feeding practice: Exclusive breastfeeding

Twelve of the fourteen babies had been introduced to foods other than breastmilk. Only two, a 4-month-old in Fianarantsoa II and a 4½-month-old in Antsirabe II, were being breastfed exclusively. A third baby, 5½-months-old, in the Belazao area in Antsirabe II, had been started on biscuits on the day of the interview. Many are fed *riz mou bouillie*, most often served plain and often watery. Occasionally, plain boiled rice is given, moistened with the liquid (*jus*) from the accompanying *laoka*. Other foods fed are biscuits, tea with sugar, and/or bread (including *mofogasy* and/or *mofosira*). Coffee is given daily by some mothers. The foods are served one to three tablespoonfuls, two to five times a day. Most babies are served in their own bowls and fed by spoon.

Most of the infants had been eating foods for at least a month and the mothers were not willing to revert to exclusive breastfeeding, so they were advised on improving the complementary food while breastfeeding as much as possible. The most common recommendations given were to add more energy-dense, nutritious foods to the *bouillie*, such as pounded peanuts, oil, sugar, green leafy vegetables, fish, etc.; stop liquids such as *eau de riz*; breastfeed longer and more often; and thicken the porridge.

- **Recommendation: Feed exclusively on breast and stop giving warm water, coffee, *eau de riz*, and all other foods and liquids**

The mother who had just begun to give biscuits, and another with a 4-month-old who was also giving biscuit dissolved in warm water, agreed to stop and practice exclusive breastfeeding until the child was 6-months-old. Another mother agreed to reduce the liquids she was giving to the baby, but failed to do so.

- **Recommendation: Enrich the porridge by adding one or more of the following: sugar, oil, green leafy vegetables, pounded peanuts, *patsa* (tiny shrimp), soya flour, etc.**

Nine mothers, five in Fianarantsoa II and four in Antsirabe II, were asked to enrich the *riz mou bouillie* by adding one or more nutrient-dense foods suggested to them. The six mothers who tried the recommendation all said the children ate better and seemed happier, so they would continue to enrich the foods whenever they could afford it. In Fianarantsoa II, the mothers added pounded peanuts, fish, crushed tiny shrimp (*patsa*), or sugar to the *bouillie*. In Antsirabe II, peanuts were said to be more expensive, so one mother who made thicker porridge also added ground meat and green leafy vegetables. Another added potato puree (a common *laoka* eaten with rice) with oil and tomatoes. One mother said she did not try it because she'd been sick (the only recommendation she tried was to breastfeed more), and the two others said they could not afford the ingredients.

- **Recommendation: Reduce the amount of liquids and other food given to the baby and breastfeed before feeding other foods**

Four mothers were asked to reduce the amount of mostly liquid foods they were giving to their babies and breastfeed them before feeding other foods. The three mothers in Fianarantsoa II said they had followed the suggestion and that their babies seemed happier. The fourth mother said she had tried to follow the recommendation, but had not kept it up.

- **Recommendation: Stop giving coffee to the baby**

Three of the mothers who were giving coffee to the baby agreed to stop; the fourth tried it for one day but resumed giving it because she said the baby looked weaker when she stopped it. One mother in Sahanivotry (in Antsirabe I) who was giving a lot of tea to the baby did not stop; she explained that she sells tea, so she gives some to the baby.

- **Recommendation: Give thicker porridge**

Two mothers in Fianarantsoa II who were given the recommendation to thicken the rice porridge said they tried it and would adopt it. They had thickened and enriched the porridge (one with sugar, the other with tiny fish) and said the babies ate the food well. In Antsirabe II, two mothers were asked to give thickened porridge made with rice flour (*kobam-bary*). Both said they tried it but that their babies did not like the *kobam-bary*. One of them was already feeding her baby thick porridge and continued to do, so enriching the porridge with potatoes cooked with tomatoes and oil. The other mother enriched the baby's usual food (*riz mou bouille*) with *loaka* consisting of mashed meat. Since this mother was not asked to thicken the usual porridge (which is not made with rice flour, but with regular rice), it is difficult to determine if the baby resisted the thick porridge with rice flour or the thickening per se.

Table 4 gives the results of all the recommendations given to mothers of infants in this age group and their response.

Table 4: The trial of feeding recommendations for babies ages 4–6 months

Recommendations	Antsirabe II					Fianarantsoa II				
	Proposed	Accepted	Tried	Liked	Adopted	Proposed	Accepted	Tried	Liked	Adopted
Feed exclusively on breast and stop giving warm water, coffee, rice-water, and all other foods and liquids	2	2	2	2	2	0	0	0	1	1
Reduce the amount of water, sugared water and other liquids and foods and breastfeed before giving other foods	1	1	0	0	0	3	3	3	3	3
Breastfeed at least 10 times day and night	2	2	2	2	2	2	2	2	2	2
Breastfeed longer each time to empty the breasts	2	2	2	2	2	2	2	2	2	2
Give thicker rice porridge	2	2	2	0	0	2	2	2	2	2
Enrich the porridge by adding one or more of: sugar, oil, green leafy vegetables, pounded peanuts, <i>patsa</i> (tiny shrimp), soya flour, etc.	4	3	2	2	2	5	5	4	4	4
Stop giving coffee	2	2	2	2	2	2	2	1	1	1

■ **Age group: 6–12 months**

Recommended feeding pattern: Frequent breastfeeding complemented with soft nutritious foods and family foods

Twenty-two of the twenty-three infants in this age group were being breastfed and were eating other foods in addition to the breastmilk. One malnourished 7-month-old infant was not breastfeeding because her mother had been ill, but the child died before the end of the study. The *riz mou bouillie* continues to be fed to most babies and was described as having a liquid consistency more frequently in Antsirabe II than in Fianarantsoa II. The *bouillie* in both districts was often served plain. The main family dish, rice and *laoka*, is also fed to more children in this age group, especially in Fianarantsoa II, but with only the liquid part of the *laoka* and not all the ingredients in it. Snacks such as tea with bread, boiled sweet potato, boiled cassava (more common in Fianarantsoa II), and *mofogasy/mofosira* were sometimes given. The foods are fed 3 to 5 times a day, in addition to breastfeeding 5 to 16 times day and night. The amount of food given per feeding was generally inadequate at about one or two tablespoonfuls. Some mothers,

but not all, also breastfeed a few times because they spend time away from the children during the day.

The most common recommendations given for this age group were to thicken the *riz mou bouillie*, to enrich it, to give all parts of the *laoka*, and to increase the amount of food given to the baby (Table 5).

- **Recommendation: Thicken the porridge by adding more food and reducing the water**

Eight mothers, two in Fianarantsoa II and six in Antsirabe II, were asked to thicken the porridge fed to the child. They said they would continue the practice because their children ate well. One mother in Fianarantsoa II did not try it because she said her baby needed the water; another in Antsirabe II said the child did not like it because he had been sick during the trial, but she said she would continue to try it.

- **Recommendation: Enrich the porridge by adding one or more of the following: sugar, milk, pounded peanuts, oil, *patsa*, *brede*, soya powder, fish, etc.**

Of the 14 women who accepted this recommendation, 12 said they would adopt it because the children ate well. However, many added that they would be able to practice it only occasionally, when they have the money for the ingredients to add to the porridge. The foods they added to the rice porridge included pounded peanuts, oil, green leafy vegetables (*brede*), sugar, fish, carrots, mashed potatoes, and *patsa*. Mothers were most likely to use peanuts in Fianarantsoa II, although they also used fish, oil, meat, and green leafy vegetables. Peanuts were said to be less affordable in Antsirabe II, so mothers were more likely to add fish, meat, and small shrimp (*patsa*). One pregnant mother of an almost 12-month-old was pleased that her baby was eating more food when she added fish, oil, and peanuts because she said she wanted her child to be eating well before she stops breastfeeding. One mother complained that while the child ate the *laoka* of potatoes cooked in oil, she did not eat the rice. She said she wanted her child to eat better, but it seemed more important to her that the child eats rice instead of other foods that the child liked better.

While the most commonly stated constraint was affordability, most tried the improved recipes during the period of the study, showing that the practice itself was acceptable to them and their children might eat better if the food was tastier and less monotonous. (Indeed adding *laoka* to porridge is not novel, but it is not often offered to infants.) Some said they would be better able to practice it after the harvest. One mother felt uncomfortable about making “special” food for only one child when there are other children, but could not afford it for all.

- **Recommendation:** Give more *laoka* and mash it to feed with the rice; do not give only the liquid from the *laoka*

All nine mothers who were given the recommendation to mash and feed more *laoka* with the child's rice said they tried it. All but one said she would continue to give mashed *laoka*. A few were surprised at the recommendation because they thought the child was too young for the vegetables, but decided to try it after discussing it with the interviewer. All types of *laoka* were tried and included green leafy vegetables, beans, fish, potatoes, sometimes meat, and sometimes cooked with oil. One mother of a 7-month-old said her baby tolerated rice with pounded peanuts and with mashed potatoes and oil, but had vomited after being fed green leafy vegetables with ground peanuts.

A common reason mothers gave for adopting a practice was that they wanted their children to be well-nourished and in good health. One mother said that others thought it was too much expense for one child only, and she had offered the green leafy vegetable *laoka* to the other children also.

- **Recommendation:** Between the main meals give the child snacks such as *mofogasy*, *beignets*, milk, mashed vegetables, avocado, mashed fruit, boiled sweet potatoes, corn, cassava, etc.

Seven mothers were offered and accepted this recommendation. Five of them tried it and said they would continue to practice it. They also sometimes tried the suggestion of enriching the snack in ways they had not done before, such as mashing sweet potato with brown sugar, or banana with pounded peanuts. Other snacks included boiled, mashed cassava with sugar or pounded peanuts; *mofogasy*; *beignet*; biscuit; and mashed, boiled corn, with or without sugar. One mother who accepted this recommendation, but did not try it, was one of only two mothers who did not try any recommendation because of "family problems."

- **Recommendation:** Increase the amount of food fed to the child at a meal to about $\frac{1}{2}$ *kapaoka*³ (150–180 ml) and supervise child's eating

Of the 10 mothers who were asked and agreed to increase the amount of food they feed their children, nine tried it and seven said they would continue to offer more food because the children had finished the increased amount of food offered. They increased the amount by one or more tablespoonful of rice per meal. Sometimes mothers said there was not enough food to allow an increase in the child's portion. A couple of mothers in Fianarantsoa II said that the adults worked hard and also needed to eat, and could not give more food to the child. One mother who had tried increasing the child's portion said the child had been sick and had not finished the food, but said

³ *Kapaoka* is a common can widely used to measure uncooked food sold in the market and in the home. Mothers seemed remarkably able to recall the amount of food they served their children. One reason may be that almost all the children are served in separate bowls/plates. It may also be partly due to mothers being conscious of each person's ration as they try to stretch the available food for each family member.

she would continue to give more food when she could. The mother of one 9-month-old baby said she did not want to continue feeding more food because the child was too young.

- **Recommendation: Increase the number of meals fed to the baby by one or more times a day (up to three times a day if the child is breastfed, five times if not breastfed)**

Four mothers accepted and tried this recommendation. They increased the number of times the child was fed by one to three more times a day. The mother who achieved the greatest increase in the child's food intake increased the number of meals from one to four (including two different snacks of *mofogasy* and *beignet*) while maintaining breastfeeding at eight times a day. She said she could continue buying the snacks such as *mofogasy* or *beignet*, but was not sure she could always prepare a morning meal. That mother was an example of mothers who made a special effort to follow the recommendations during the study (she also increased the amount of food per meal which she said the child finished). She had been aware that the child did not like the family meals, but made a great effort to feed something that the child would eat when she was given some suggestions of what to feed the baby. She prepared rice and mashed meat and gave *mofogasy* and *beignet* as snacks.

- **Recommendation: Feed the child frequently, offer the child's favorite foods and encourage him/her to eat**

Four mothers who complained that their children had poor appetites were asked to try to feed the foods that the children liked many times a day, and to encourage them to eat, even if only a small amount at a time. All four mothers increased the number of times they fed the children by one or two more times, and one to a maximum of six times a day. One mother of a 10-month-old malnourished infant worried about making tastier food for that child alone (she fed rice with potato puree cooked with oil, onion, and tomatoes). She also doubted that she would always be able to provide snacks between the main meals. The mother who increased her child's feeding to six times a day fed her 11-month-old small meals and snacks and also increased the number of breastfeeds from four to seven times a day. However, two mothers who reported increasing the number of solid food feedings had reduced the number of breastfeeds. Since the feeding of children with poor appetite requires patience and imagination, it appears necessary in counseling to explore with the mothers not only what foods they might try with the children, but also how they can work more frequent offerings of food, including breastfeeding, into their schedule and that of other family members.

- **Recommendation: Stop giving sugar water, tea, or coffee**

Five mothers who were giving a lot of liquid in the form of sugared water, rice water with or without sugar, tea, or coffee were asked to stop offering so much liquid and increase the solid food intake. One mother, for example, gave plain boiled rice, but gave a lot of sugared water to the baby. (She was the same mother mentioned above who wanted her baby to eat more rice instead of potatoes.) She was reluctant to stop the sugared water because she said the child does

not eat well. But like all the mothers, she agreed to stop the liquids and replace them with breastmilk or more nutritious food. She replaced the sugared water with soft-boiled corn with added sugar. One mother of a 7-month-old who initially refused to stop the coffee because the child “does not have strength (*force*)” changed her mind and tried it. At the follow-up visit she said she had seen no change in the baby when she stopped the coffee, so she would continue to withhold it.

Table 5 shows all the results of all the recommendations given to mothers of infants 6–12 months.

Table 5: Household trials of recommendations for infants ages 6–12 months

Recommendations	Antsirabe II					Fianarantsoa II				
	Proposed	Accepted	Tried	Liked ⁴	Adopted	Proposed	Accepted	Tried	Liked	Adopted
Give thick rice or cassava porridge by adding more rice (or cassava or maize) and reducing the water	6	6	6	5	6	2	2	1	1	1
Enrich the porridge by adding one or more of the following: sugar, milk, pounded peanuts, oil, <i>patsa</i> , <i>brede</i> , soya powder, etc.	7	7	6	6	6	7	7	7	6	6
Give more <i>laoka</i> and mash it to feed with the rice; do not give only the liquid from the <i>laoka</i>	3	3	3	3	3	6	6	6	5	5
Between main meals give the child snacks, such as: mofogasy, milk, <i>beignets</i> , mashed fruit, boiled sweet potatoes, corn, cassava, etc.	4	4	3	2	3	3	3	2	2	2
Enrich the baby's <i>laoka</i> by adding about one teaspoonful of pounded peanuts, soya powder, oil, mashed meat, fish, <i>patsa</i>	0	0	0	0	0	4	4	3	3	3
Increase the number of meals for the baby by one or more a day	3	3	3	3	3	1	1	1	1	1
Increase the amount of food fed per meal to about $\frac{1}{2}$ <i>kapaoka</i> (150–180 ml) and supervise his eating	6	6	5	4	5	4	4	4	2	2
Serve the child his food in a separate bowl/plate	0	0	0	0	0	1	1	1	1	1
Feed the child his/her favorite foods frequently and encourage him/her to eat	4	4	3	3	3	0	0	0	0	0
Stop giving sugar water, tea or coffee	1	1	1	1	1	4	3	4	4	4
Breastfeed the baby more frequently	3	3	3	3	3	0	0	0	0	0

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The number of mothers who liked a practice and the number willing to adopt it do not always match because sometimes mothers said they would try a new practice in other ways if it had not worked well the first time. For example, they would say they would try increasing a child's portion by a smaller amount if the child had not finished a larger increase.

■ **Age group: 12–18 months**

Recommended feeding pattern: Feed main family foods plus extra foods for a total of at least five meals a day in addition to continued breastfeeding

Four of the seventeen children recruited in this age group were fully weaned. The rest were breastfed 3 to 10 times a day. They were fed family foods consisting mostly of rice and *laoka*. On some occasions the rice was served plain, without *laoka*. For this age group, most children, though not all, were given all the ingredients in the *laoka* when it was served. A minority still received watery rice porridge, although usually with some added vegetables, oil, sugar, fish, or pounded peanuts. Frequency of feeding foods other than breastmilk was between three and six per day, with a little more than half the children receiving at least five meals a day, which sometimes included tea with or without bread. Mothers in Fianarantsoa II tended to feed more frequently than those in Antsirabe II.

The most common snack by far given between main meals was *mofogasy* (round bread patties made from rice flour and sugar cooked in oiled muffin tins on top of an open fire). Except in two instances, banana was the only fruit mentioned in the children's diet, probably because other fruits were not in a season. Mangoes were just beginning to be in season and were mentioned by one mother. Boiled maize, cassava, sweet potatoes, doughnuts (*beignets*), boiled potatoes, tea, and less frequently, peanuts, were also fed as snacks between the main meals. The tubers, which are also fed as part of a meal, are usually diced into small pieces and cooked with a lot of water.

The amount of food given to the children tends to be less than adequate for their age. (When asked, most mothers said that they knew their children had good appetites because the children eat all the food they are given. Some said that some children ask for more if they need more. Virtually no mother volunteered that they actively encourage the children to eat more food.) The most frequent recommendations given were to increase the amount of food given to the child per serving; enrich the food given to the baby by adding such foods as pounded peanuts, soya powder, sugar, oil and beans; and give snacks between meals. Table 7 shows the results of the recommendations tried by mothers of children in this age group.

- **Recommendation: Increase the amount of food fed to the child at a meal to about $\frac{1}{2}$ to $\frac{2}{3}$ *kapaoka* (180–230 ml) and supervise the feeding**

All 14 mothers asked to increase the amount of the food given to the child tried it, and all but two said the children had been able to finish the increased amount of food. They increased the daily intake of food (mainly rice) by about half a ladle to about two ladles. The mothers whose children could not finish the recommended amount said they would continue to gradually increase the amount of food given the child. One mother remarked that she realized her child had not been receiving enough food.

- **Recommendation: Give all the ingredients of the family meal including the vegetables, fish, and meat**

All five mothers who agreed to give all the ingredients of the *laoka* did so. One mother of a 14-month-old child had been reluctant to feed vegetables and meat to the child because she feared they would cause convulsions. At the follow-up visit, she said the child had eaten the vegetables and mashed beans very well and had not had a convulsion, so she was happy to continue the practice. Another mother decided to slaughter and feed one of the family's chickens so the 17-month-old child would eat better. She killed the chicken and served it over a number of days, preserving the remainder by smoking it. Mothers said the children ate better, seemed happier, and were more active.

- **Recommendations: Between the main meals give snacks such as mashed, boiled potatoes, fruits, etc.**

The recommendation to feed snacks between meals also included suggestions for enriching snacks, such as cassava, sweet potatoes, and plain rice. One mother added brown sugar to sweet potatoes, and a tiny fish and peanuts to boiled soft cassava⁵. Another said she gave rice with *patsa* between the main family meals. Other snacks included banana, *mofogasy*, *mofafeta*,⁶ and other snacks already mentioned above.

- **Recommendation: Enrich the baby's *laoka* with pounded peanuts, soya powder, oil, green leafy vegetables, etc.**

Seven of eight mothers who received this recommendation tried it and all but one said that the children ate well. They enriched the *laoka* by adding fish, soya powder, oil, meat, peanuts, and beans. The mothers said the children enjoyed the food better and seemed happier. One mother did not adopt the practice because she said her child did not like the soya powder and sugar she added to the soft-boiled rice. The main reason mothers gave for hesitating to try the recommendation was that they could not afford the ingredients. After trying a practice, they often added that they could not continue it every day because of a lack of resources. One mother of a malnourished 14-month-old child said she added soya flour to the child's rice because the child does not like *laoka*. She said the child ate well and she would continue to enrich the rice.

- **Recommendation: Increase the number of meals fed to the baby**

Five mothers in Antsirabe II and two in Fianarantsoa II who were feeding the children fewer than five times a day were asked to increase the number of feeds. Four of the mothers increased the

⁵ This family was happy to find new ways to prepare sweet potato and cassava because they said sometimes they do not have rice and have to eat those tubers.

⁶ A food made from cassava flour, mashed banana, and sugar and cooked in banana leaves.

number of meals by up to two times more a day. They generally did so by feeding snacks between the main meals, although sometimes they reheated leftovers from the main meal.

- **Recommendation: Feed the baby's favorite foods frequently and encourage him/her to eat**

This recommendation was again given to mothers who complained that their children had poor appetites. Some were malnourished children and some were sick. The mothers were encouraged to feed the children very frequently (small frequent amounts if the children would only eat small amounts even with encouragement). While all five increased the number of times they fed the children (the children were generally eating fewer than five times a day), none of the five mothers fed them more than five times, and some fed them fewer than five times. The mother of the malnourished 14-month-old child saved some of the family meal to give to the child before bedtime because the child normally missed the evening meal. She said she was glad the child was no longer going to bed with an "empty stomach."

- **Recommendation: Serve child his food in a separate bowl/plate**

Only one mother was given the recommendation to serve the child in a separate bowl. She tried it and said she would continue to do so.

Table 6 : Household trials of recommendations for feeding of infants ages 12–18 months

Recommendations	ANTSIRABE II DISTRICT					FIANARANTSOA II DISTRICT				
	Proposed	Accepted	Tried	Liked	Adopted	Proposed	Accepted	Tried	Liked	Adopted
Give thicker rice (or cassava) porridge by adding more rice or cassava and reducing the water	1	1	1	1	1	1	1	1	1	1
Enrich the child's <i>laoka</i> by adding one or more of pounded peanuts, oil, <i>patsa</i> , <i>brede</i> , soya powder, etc.	5	5	4	4	4	3	3	3	2	2
Give all ingredients of the family diet to the child, including vegetables, fish, and meat	2	2	2	2	2	3	3	3	3	3
Between main meals give child snacks, such as <i>mofogasy</i> , <i>beignets</i> , milk, mashed vegetables, avocado, mashed fruit, boiled sweet potatoes, corn, cassava, etc.	6	6	6	6	6	2	2	1	1	1
Increase the number of meals fed to the baby by one or more times a day	5	5	2	2	2	2	2	1	1	1
Increase the amount of food fed to the child at a meal to about $\frac{1}{2}$ <i>kapaoka</i> (150–180 ml) and supervise his eating	8	8	8	7	8	6	6	6	5	6
Serve the child his food in a separate bowl/plate	1	1	1	1	1	0	0	0	0	0
Feed the child frequently with favorite foods and encourage him/her to eat	4	4	4	4	4	1	1	1	1	1
Enrich child's <i>porridge</i> by adding one or more of sugar, milk, pounded peanuts, oil, <i>patsa</i> , <i>brede</i> , soya powder, etc.	1	1	1	1	1	1	1	1	1	1

■ **Age group: 18–24 months**

Recommended feeding pattern: Feed family foods and extra foods for at least a total of five meals a day with continued breastfeeding

Nineteen of the twenty-one mothers of children in this age group completed the household trials. The feeding practices in this age group were similar to those of the children age ages 12–18 months, except that a higher proportion of these children (9 out of the 19 children) were completely weaned. The number of times mothers said they breastfed ranged from 3 to 10 times day and night. The total number of meals other than breastfeeds ranged from three to six times a day, with about half the children reportedly fed fewer than five times a day. Breastfed children did not receive fewer or more meals than non-breastfed children. Most of the children are fed solid family foods, including thick rice porridge, although the porridge is occasionally described as watery. Both the rice porridge and the solid boiled rice (*riz sec*) were most often cooked or served with vegetables, beans, fish, or meat, but there were instances when the rice was served plain. Oil is sometimes used in the *laoka*, but not often. Most of the children in this age group were fed all the ingredients of the meal, but were sometimes still given only the liquid from the *laoka*. The amount of food fed per meal tended to be inadequate for the age of the child.

The most common recommendations given were to increase the amount of food fed per meal; enrich the child's food by adding energy-dense foods such as oil, sugar, pounded peanuts, or soya flour; feed all ingredients of the family diet, including vegetables, fish, and meat; and give snacks between the main meals.

- **Recommendation: Give all the ingredients of the family meal, including the meat, fish, and vegetables**

The seven mothers receiving this recommendation said they tried it and would continue to do so. The meals they fed included rice with green leafy vegetables, pounded peanuts, cabbage, beans, and fish or meat. One mother in Antsirabe II who agreed to feed all the ingredients in the *laoka* said she fed her 22-month-old child mashed beans and meat, but the child did not like it and would take only the *jus* from the sauce. She added that she would continue to try other sauces.

- **Recommendation: Between the main meals give snacks such as boiled potatoes, fruits, *mofogasy*, etc.**

Five of seven mothers who agreed to feed snacks between the main meals tried it by giving *mofogasy*, boiled cassava, bread, sweet potatoes, boiled potatoes with *patsa*, boiled corn, cow's milk, bananas, and pineapples. Six of the seven mothers said that they would continue to give snacks.

- **Recommendation: Enrich the child's *laoka* with pounded peanuts, soya powder, sugar, oil, *brede*, etc.**

Twelve of the fourteen mothers who received the recommendation to enrich the child's food did so by adding oil, green leafy vegetables, pounded peanuts, fish, *patsa*, beans, tomatoes, potatoes, and cow's milk. They said the children ate better, and slept and played better. One mother said her 19-month-old was more familiar with green leafy vegetables, but seemed to enjoy the mashed beans. Although almost all the mothers tried the recommendation, many said they would not be able to practice it every day because of the lack of money.

Recommendation: Increase the amount of food fed to the child at each meal until the child is eating about $\frac{2}{3}$ *kapaoka* (200–250 ml) per meal, and encourage the child to eat more food

All twelve mothers who tried to increase the amount of food they fed to their children said they would continue the practice, even though four of them said the child had not been able to finish the amount they gave them. All four said they would increase the amount more gradually. They increased the amount of rice served at a meal by about half a ladle to as much as a ladle and a half. Although all the mothers said they had increased the amount they were feeding the children, in one case the amount the mother recalled was less than what she had said she was feeding the child before the trials, and in two cases, the amount had not changed. Many of these mothers had also tried other recommendations, such as enriching the food or feeding a snack between the main meals, all of which would tend to increase the food energy the child received in the 24 hour period.

Table 7: Household trials of feeding recommendations for children ages 18–24 months

Recommendations	Antsirabe II					Fianarantsoa II				
	Proposed	Accepted	Tried	Liked	Adopted	Proposed	Accepted	Tried	Liked	Adopted
Give all the ingredients of the family meal including the meat, fish, and vegetables	4	4	4	3	4	3	3	3	3	3
Between the main meals give snacks such as boiled potatoes, fruits, <i>mofogasy</i> , etc.	4	4	2	2	3	3	3	3	3	3
Enrich the child's <i>laoka</i> with pounded peanuts, soya powder, sugar, oil, <i>brede</i> , etc.	6	5	5	5	5	8	8	7	7	7
Increase the amount of food fed to the child at each meal until the child is eating about $\frac{2}{3}$ <i>kapaoka</i> (200–250 ml per meal and encourage the child to eat more food	6	6	6	4	6	6	6	6	4	6
Supervise and encourage the child to eat frequently and offer the child's favorite foods	0	0	0	0	0	2	2	1	1	1
Stop coffee (<i>cafe/the</i>), replace with a snack ...	0	0	0	0	0	1	1	1	1	1
Enrich the child's <i>bouillie</i> with pounded peanuts, soya powder, sugar, oil, <i>brede</i> , etc.	0	0	0	0	0	1	1	1	1	1

Combined results of all the household trials of feeding recommendations

Table 8 shows the combined response to all the recommendations given to mothers of children in all age groups in both districts.

Table 8: Total recommendations given to mothers of children in all age groups and combined responses in Fianarantsoa II and Antsirabe II districts

Feeding recommendations	Proposed	Accepted	Tried	Liked	Adopted
Feed exclusively on breast and stop giving warm water, coffee, rice-water, and all other foods and liquids	18	17	16	16	16
Reduce the quantity of other foods and liquids while increasing breastfeeding	2	2	1	1	1
Increase the frequency of breastfeeding to at least 10 times a day and night	22	22	21	21	21
Breastfeed longer each time to empty the breasts	23	23	23	23	23
Breastfeed on both breasts at each feeding or alternate the breasts	3	3	3	3	3
Stop using a feeding bottle	1	1	1	1	1
Give thicker porridge by decreasing the water and increasing the amount of rice	14	14	11	10	11
Enrich the porridge by adding one or more of the following: sugar, oil, green leafy vegetables, pounded peanuts, <i>patsa</i> (tiny shrimp), soya flour, etc.	49	47	42	40	40
Enrich the baby's <i>laoka</i> by adding pounded peanuts, oil, mashed meat, fish, <i>patsa</i> , soya flour	24	23	20	20	20
Mash and feed all ingredients in the <i>laoka</i>	21	21	21	19	20
Increase the number of times the baby is fed by one or more a day	11	11	7	7	7
Between the main meals, feed snacks such as <i>mofogasy</i> , <i>beignet</i> , mashed beans, sweet potatoes, or fruits	22	22	16	16	17
Increase the amount of food per feeding	36	36	35	26	33
Serve the baby in a separate bowl	2	2	2	2	2
Encourage the child to eat more by feeding more frequently, and preparing foods that the child likes	10	10	8	8	8
Stop giving coffee, tea, and/or sugared water to the baby	10	9	10	9	9

4. *Feeding practices during child illness*

Because of frequent anorexia during illness, mothers were asked about their feeding practices when their children are sick and have poor appetites. They generally mentioned the types of food they try to feed the child, which included tea, bread, vegetable soup, *eau de riz* (with or without sugar), *creme de riz* (slimy water from boiling rice), special *laoka* that the child likes, and fruit juice. Many said they breastfeed only, but rarely did they say they breastfeed more. A few said they do nothing. No mother said anything about encouraging the child to eat more frequently (other than the few who mentioned more frequent breastfeeding). A few mentioned that they go to the doctor (where presumably they would hope to receive some advice about the feeding of the child).

Although during the trials most mothers managed to feed children with poor appetites at least one more time, more direction will have to be given to mothers if they are to make significant changes in how they feed their children who have little appetite for food.

5. *Reasons mothers gave for not wanting to accept or try suggested feeding recommendations*

Many mothers often expressed some resistance or hesitation about trying practices suggested to them to improve the feeding of their children. With motivational explanations most overcame their initial resistance and accepted the recommendation. The most common reservation expressed was the lack of money to buy more nutritious foods, or sometimes even rice, the staple. While families in Fianarantsoa II appeared to have fewer resources compared to those in Antsirabe II, in both districts mothers often said they would not be able to practice the recommendations every day because of the lack of money. The important observation, though, was that in most cases, mothers made an effort to try a practice, even if they thought they would not be able to carry it out every day, thus indicating that the practice itself was acceptable to them. Mothers (especially in Fianarantsoa II) sometimes said they would be better able to follow the new practices after the harvest. Common (and some unexpected) expressions of resistance about suggested practices are shown below:

■ **Practice exclusive breastfeeding**

- ▶ I do not have enough breastmilk.
- ▶ The *sage-femme* or other health personnel counseled me to give other foods or liquids.
- ▶ It is traditional to give warm water and other liquids.
- ▶ The grandmother advised me to give other liquids.
- ▶ It is taboo to express milk. (She is not at home at lunch time and the baby needs to eat.)
- ▶ I cannot breastfeed exclusively because I am not home all day.
- ▶ The baby gets angry if I interrupt his breastfeeding to serve my customers.
- ▶ Coffee gives the baby strength and also prevents convulsions.

- **Enrich the child's food**
 - ▶ I can't afford it every day.
 - ▶ I don't know if the baby will tolerate the food.

- **Give mashed *laoka*, not just the liquid, with the rice**
 - ▶ The child cannot digest the *laoka*.
 - ▶ Child will have a convulsion (one mother).

- **Give a snack between main meals, increase the number of meals given to the child**
 - ▶ I'll do it if I can afford it.
 - ▶ I can't find fruits.
 - ▶ I can't find the foods in the market.

- **Increase the quantity of food at each meal**
 - ▶ The child could not eat all of the food.
 - ▶ I don't have money.

- **Prepare food that the baby prefers**
 - ▶ I don't have money.
 - ▶ I don't have time.

Only 2 mothers out of the 103 did not try any recommendation. Most managed to try something even if it was only breastfeeding 2 more times in the day or adding 1 tablespoonful more of rice to the child's serving, and most tried more than that.

6. *Reasons mothers gave for adopting a feeding recommendation*

Many mothers appeared to welcome the suggestions on how they could improve the feeding of their children. One woman asked at the end of her sessions if a booklet could be written to help mothers feed their children better. During the training, the team had discussed whether, given the high illiteracy rate, it was appropriate to leave written reminders of what the mothers agreed to try. The question was decided when during the field training, several mothers asked to be given written instructions, demonstrating a desire not to forget the recommendations.

A common reason for deciding to try a recommendation was that it would be easy for them to do (such as breastfeed more or give all ingredients of the family food). An often expressed hope was that the new practice would promote better health for the baby. After trying the new practices, most mothers expressed satisfaction with the outcome because they said the babies liked the new practice. Common reasons, listed below, that mothers gave for deciding to adopt a feeding recommendation provide an insight into factors that motivate them to change:

- ▶ I want my child to be healthy.
- ▶ For the well-being of my child.

- ▶ I want my child to gain weight.
- ▶ Nothing bad happened to him (when the mother has stopped a practice such as giving *eau de riz*).
- ▶ The child is doing well (without coffee, or water).
- ▶ The child did not convulse (without coffee).
- ▶ Child sleeps better without coffee.
- ▶ I don't have to prepare other foods for the baby (when asked to practice exclusive breastfeeding).
- ▶ The breastmilk has increased in quantity (when breastfeeding more and longer).
- ▶ Breastfeeding is less expensive.
- ▶ The baby is gaining weight (on more frequent exclusive breastfeeding).

When the food has been “enriched” and made tastier

- ▶ He likes the taste of the food and eats more.
- ▶ Baby plays more, is more satisfied.
- ▶ Baby sleeps better.
- ▶ Baby is more content, more enthusiastic, more active (*dynamique*).
- ▶ I want to follow the recommendations because my baby is malnourished.

Other reasons

- ▶ The baby breastfeeds better when breastfed before giving tea.
- ▶ It is easy to give the family pot for the baby, the food is available.
- ▶ It is easy because we grow the food.
- ▶ The baby ate all the food (when given more food per serving).

7. *Influence of relatives and neighbors*

When mothers were asked about the reaction of their families and neighbors to the recommendations they had received, it was clear that close relatives and sometimes neighbors had expressed an opinion on the recommendation. Most of the reported opinions appeared to be supportive. In some homes, the child's father and grandmother (especially in the case of young mothers) took an active interest in what the interviewer had to say. The following are some of the positive reactions mothers reported getting from relatives and neighbors:

- ▶ The child's father agrees with and encourages the new practice.
- ▶ The grandmother encouraged the practice.
- ▶ Grandfather was very happy to have someone come and give counsel to his daughter.
- ▶ Other children are also happy because they get to eat some of the baby's food, which is enriched.
- ▶ The *sage-femme* insists on exclusive breastfeeding at birth.

There were, however, reports of relatives, neighbors and other health workers having a discouraging influence on the mothers:

- ▶ The child's grandmother/traditional birth attendant counseled me to give sugar water.
- ▶ Other health workers advise us to give porridge beginning at 1-month-old.
- ▶ The neighbors said that if I get my child accustomed to eating *laoka*, he will not eat when I don't have it.
- ▶ The neighbors said that these interviewers only talk; they don't give us anything.

D. Revise the Recommendations

It became clear in the field that some draft recommendations were not necessary for this particular population. The data received during the preliminary information search suggested that mothers refusing to breastfeed at night might be a problem. Additionally, the possibility that some mothers only breastfeed at fixed hours was raised. All the breastfeeding mothers in the sample reported breastfeeding at night, and all, without exception, slept with their babies in the same bed and fed on demand.

Two recommendations were added to the counseling guide. It emerged during the interviews that the daily feeding of coffee, beginning even in the first month of life, is a common practice. The recommendation was given (especially to mothers of infants) to stop the coffee.

Another problem that was not uncommon was mothers complaining that the children had poor appetites. Many of these children had low weight-for-age, and many of the diets were monotonous, consisting essentially of rice with little else. The recommendation was given to mothers to try to feed the children frequently throughout the day and to try to feed the children foods they preferred.

Conclusions

Most mothers appear willing to accept recommendations for improving the feeding of their children because they “want their children to be healthy.”

They are willing to try practices that are “easy” for them and new recipes if the foods and cooking methods are familiar, such as improving cassava porridge (which they already feed) combined with pounded peanuts (which are available).

Virtually all mothers who received recommendations to increase the duration and/or frequency of breastfeeds did so because, as some mothers said, it is “easy” to do. A large majority of mothers with infants under-4-months were willing to revert to exclusive breastfeeding when the advantages of their breastmilk over the liquids they were feeding were explained to them.

The most often stated constraint to *daily* improvement in the child's diet was lack of money to buy more energy-dense foods to add to the staple food (most often rice). Even so, most were willing to try the suggested practices and promised to continue whenever they could.

Most children are served in a separate dish. On the whole, mothers seemed aware of how much their children ate, though not how much they *could* eat if they had access to more food and/or were encouraged to eat more.

Mothers are willing to accept the recommendations if they think the counselor is knowledgeable about child feeding.

It appears that mothers will need a lot of direction and more discussion to work out how they can encourage children with poor appetites to eat more. Since the feeding of children with poor appetite requires patience and imagination, it seems necessary in counseling to explore with the mothers not only what foods they might try with the children, but also how they can work into their schedule and that of other family members more frequent feeding, including breastfeeding. For children already malnourished, this is a long-term challenge for the mothers. They will need support. For children with anorexia during acute illness, extra feedings after the illness should be emphasized.

The recommendations that were most commonly offered and accepted by most women are shown below. They also addressed the most common problems.

Improve breastfeeding

- Breastfeed exclusively and stop giving other foods and liquids (for infants 0–6 months).
- Breastfeed at least 10 times a day (for infants under-6-months).
- Breastfeed long enough each time to empty the breasts.

Thicken and enrich the porridge

- Thicken rice porridge (*riz mou bouillie*) that is too watery.
- Enrich the child's food by adding one or more foods, such as pounded peanuts, oil, soya flour, sugar, fish, meat, green leafy vegetables, *patsa*, and/or milk.

Mash and give all ingredients of the family meal

- Mash and feed all the ingredients in the *laoka* (vegetables, fish, meat) that is eaten with the rice.

Feed the child an adequate number of times

- Increase the total number of times the child is fed, including snacks between main meals.

Serve adequate amounts of food for the child's age

- Increase the amount of food fed at a serving.

Pay special attention to the feeding of a child who has a poor appetite

- Encourage the child with a poor appetite by feeding the child more frequently and giving preferred foods.

Replace non-nutritious liquids with more nutritious food

- Reduce or stop liquids such as sugared water, tea, *eau de riz*, and coffee that are given to the child and replace them with breastmilk or more nutritious food.

E. Discuss Revised Recommendations With Local Experts

Using the results of the research, the whole research group (which included senior personnel from the MOH Nutrition Service) met to formulate feeding recommendations for the “food box” and “counsel the mother” sections of IMCI. It was decided that, in accordance with national policy, exclusive breastfeeding will be recommended for infants 0–6 months and not just for infants 0–4 months as suggested in WHO generic materials. After 4 months of age, complementary foods would be suggested if the child is not gaining weight. The first draft recommendations shown in Appendix D were discussed further by a smaller group of local experts.

F. Suggest Local Adaptations to the Food Box, Counsel the Mother

After further discussion with local experts, the following feeding recommendations (Appendix A) were suggested for use in the IMCI.

APPENDIXES

APPENDIX A

**Feeding Recommendations in Sickness and Health
Counsel the Mother
Counsel the Mother about Feeding Problems
Feeding in Persistent Diarrhea**

Recommandations pour l'alimentation pour l'enfant malade et l'enfant en bonne santé.

Jusqu'à 6 mois	6 jusqu'à 12 mois	12 jusqu'à 24 mois	24 + mois
<ul style="list-style-type: none"> • Allaiter au sein, à la demande au moins 10 fois/jour et nuit jusqu'à vider le sein à chaque tétée. • Ne pas donner d'autres liquides (café, <i>ranombary</i>, eau sucrée, jus de fruit, thé) ou d'autres aliments. • Enfants plus de 4 mois qui ne gagnent pas le poids qu'il faut: Ajouter des aliments complémentaires: 1 ou 2 fois par jour après allaitement au sein et donner ces aliments avec une cuillère (listes dans la colonne 6 à 12 mois) 	<ul style="list-style-type: none"> • Allaiter au sein à la demande 8 à 10 fois par jour et nuit. • Donner $\frac{1}{3}$ - $\frac{1}{2}$ <i>kapoaka</i> (cuit) (120 à 180 ml): riz mou épaissi (<i>sosoa marihitra</i>) ou riz sec, manioc/pomme de terre écrasés, farine de maïs épaissi, et enrichir avec un ou plusieurs de ces aliments écrasés: <i>brèdes</i>, arachides pilés, sucre, huile, <i>patsa</i>, haricots, lait, poisson, jaune d'oeuf, légumes, viande, volailles, farine de soja. • Entre les repas principaux donner les goûters comme: <i>mofogasy</i>, <i>mofosira</i>, fruits de saison écrasés, biscuits, <i>koba</i>, lait, patate ou manioc plus sucre, beignet, arachides pilés, maïs plus sucre. • Donner les aliments 3 fois par jour avec allaitement au sein; 5 fois par jour sans allaitement au sein. 	<ul style="list-style-type: none"> • Continuer d'allaiter au sein à la demande. • Donner $\frac{1}{2}$ - $\frac{2}{3}$ <i>kapoaka</i> (cuit) (200-250 ml): le plat familial avec tous les ingrédients du <i>laoka</i> qui doit être variés: <i>brèdes</i>, arachides pilés, huile, viande, poisson, haricot, légume, soja, pomme de terre, oeuf. • Enrichir le repas du bébé avec un ou plusieurs de ces aliments: arachides pilés, farine de soja, huile, sucre, <i>patsa</i>, lait. • Entre les 3 repas principaux, donner les goûters soit: <i>mofogasy</i>, <i>mofosira</i>, fruits de saison, biscuits, <i>koba</i>, beignet, arachides pilés, patate, manioc, ou maïs plus sucre ou arachides pilés. • Donner 5 fois par jour, y compris les goûters. • Donner dans son/sa propre bol/assiette. 	<ul style="list-style-type: none"> • Donner les 3 repas principaux de l'enfant, y compris toutes les ingrédients du <i>laoka</i>. • Donner à l'enfant au moins deux goûters par jour. • Enrichir le <i>laoka</i> de l'enfant en ajoutant de l'huile, arachides pilés, farine de soja, <i>patsa</i>.

4/3

CONSEILLER LA MÈRE

LES ALIMENTS

Examiner l'alimentation de l'enfant

Poser des questions sur l'alimentation habituelle de l'enfant et sur son alimentation pendant la maladie. Comparer les réponses de la mère aux *Recommandations pour l'alimentation selon l'âge de l'enfant dans le cadre ci-dessous*.

Demander -Allaitez-vous l'enfant?

-Combien de fois dans la journée?

-L'allaitiez-vous aussi pendant la nuit?

>Est-ce que l'enfant consomme d'autres aliments ou liquides?

-Quels aliments ou liquides?

-Combien de fois par jour?

-Quelle nourriture donnez-vous à l'enfant?

-Quelle quantité lui donnez-vous à chaque repas?

- Qui nourri l'enfant et comment?

>Pendant sa maladie, les habitudes d'alimentation de l'enfant ont-elles changé? Si oui, comment?

CONSEILS SUR LES PROBLÈMES D'ALIMENTATION

Si l'enfant n'est pas nourri comme indiqué ci-dessus, conseiller la mère en conséquence. En outre:

>Si la mère signale qu'elle a des difficultés à allaiter au sein, évaluer l'allaitement. (Cf. Tableau NOURRISSONS.) Le cas échéant, montrer à la mère le positionnement et l'attachement adéquats pour l'allaitement au sein.

>Si l'enfant a moins de 6 mois et consomme d'autres liquides et/ou d'autres aliments:

- Renforcer la confiance de la mère en lui assurant qu'elle produit assez de lait pour son enfant.
- Suggester de mettre l'enfant au sein plus fréquemment, de l'y laisser plus longtemps, le jour comme la nuit, allaiter aux deux seins, et de réduire progressivement les autres liquides et/ou aliments.

Si la consommation de lait préparé doit continuer, conseiller à la mère:

- D'allaiter au sein autant que possible, y compris la nuit
- De s'assurer que le lait est préparé correctement et de manière hygiénique, et donné en quantité suffisante.
- Ne préparer que la quantité nécessaire et suffisante pour le bébé à chaque repas. S'il y a du lait qui reste, jeter après une heure.

> Si la mère nourrit l'enfant au biberon:

- Recommander de remplacer le biberon par une tasse.
- Apprendre à la mère comment utiliser une tasse pour nourrir son enfant.

>Si l'enfant se nourrit mal, conseiller à la mère:

- De s'asseoir avec l'enfant, donner les aliments préférés et de l'encourager à manger.
- De donner à l'enfant une portion adéquate sur une assiette ou dans un bol séparé

>Si l'enfant se nourrit mal pendant une maladie, conseiller à la mère:

- D'allaiter au sein plus fréquemment et plus longtemps
- D'offrir des aliments faciles à manger, variés, appétissants et préférés par l'enfant pour l'encourager à manger le plus possible.
- De desobstruer le nez de l'enfant si son nez bouché l'empêche de manger
- D'anticiper un meilleur appétit à mesure que l'enfant se porte mieux.

>Revoir tout problème d'alimentation dans 5 jours

Diarrhée Persistante

Enfant encore allaité uniquement au sein:

- ▶ Allaiter plus fréquemment et plus longtemps jour et nuit jusqu'à vider les seins à chaque tétée.

Si pas allaitement maternel exclusif:

- ▶ Continuer et augmenter la fréquences des têtées.
- ▶ Arrêter autres laits.
- ▶ Donner 1 repas supplémentaire et ajouter 1 cuillère à café d'huile au repas.
- ▶ Donner à boire plus fréquemment.

Enfant en convalescence

- ▶ Donner 1 repas supplémentaire, des aliments préférés au moins une semaine après la maladie.

APPENDIX B

Generic Food Box and Counsel the Mother (WHO)



CONSEILLER LA MERE



LES ALIMENTS

► Evaluer l'alimentation de l'enfant

Poser des questions sur l'alimentation habituelle de l'enfant et sur son alimentation durant cette maladie. Comparer les réponses de la mère aux **Récommandations pour l'alimentation** selon l'âge de l'enfant dans le cadre ci-dessous.

DEMANDER

- Allaiter-vous l'enfant ?
 - Combien de fois pendant la journée ?
 - L'allaiter-vous aussi pendant la nuit ?
- Est-ce que l'enfant consomme d'autres aliments ou liquides ?
 - Quels aliments ou liquides ?
 - Combien de fois par jour ?
 - Comment donnez-vous à manger à l'enfant ?
 - Si le poids de l'enfant est très faible pour son âge : Quelle quantité lui donnez-vous à chaque repas ? L'enfant reçoit-il sa ration personnelle ? Qui nourrit l'enfant et comment le nourrissez-vous ?
- Pendant cette maladie, les habitudes alimentaires de l'enfant ont-elles changé ? Si oui, comment ?

► Recommandations pour l'alimentation (pour l'enfant malade et l'enfant en bonne santé)

Jusqu'à 4 mois



- Allaiter au sein aussi souvent que l'enfant réclame, jour et nuit, au moins 8 fois en 24 heures.
- Ne pas donner d'autres aliments ou liquides.

de 4 mois à 6 mois



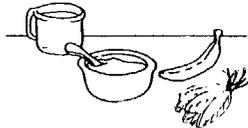
- Allaiter au sein aussi souvent que l'enfant réclame, jour et nuit, au moins 8 fois en 24 heures.
- Seulement si l'enfant :
 - semble vouloir des aliments semi-solides, ou
 - semble affamé après l'allaitement, ou
 - ne prend pas suffisamment de poids,
 ajouter des aliments supplémentaires (énumérés dans la colonne 6 à 12 mois).
 Donner ces aliments 1 ou 2 fois par jour après l'allaitement au sein.

de 6 mois à 12 mois



- Allaiter au sein aussi souvent que l'enfant réclame.
- Donner des rations adéquates de :*

- 3 fois par jour, avec allaitement au sein ;
- 5 fois par jour, sans allaitement au sein.

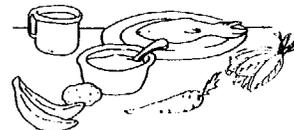


de 12 mois à 2 ans



- Allaiter au sein aussi souvent que l'enfant réclame.
- Donner des rations adéquates de :*

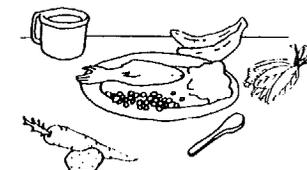
- ou les aliments du repas familial, 5 fois par jour.



2 ans et plus



- Donner les aliments du repas familial en 3 repas quotidiens. En outre deux fois par jour, donner des aliments nutritifs entre les repas, comme :



* Tout bon régime alimentaire doit être adéquat en quantité et inclure des aliments riches en énergie (par exemple, bouillie épaisse de céréales additionnée d'huile) ; de la viande, du poisson, des oeufs ou des légumes secs ; et des fruits et légumes.

Recommandations pour l'alimentation d'un enfant avec une DIARRHÉE PERSISTANTE

- S'il est encore allaité au sein, allaiter plus fréquemment et plus longtemps, jour et nuit.
- Si l'enfant consomme un autre lait :
 - remplacer ce lait en augmentant l'allaitement au sein OU
 - remplacer ce lait par des produits laitiers fermentés, tels que le yaourt OU
 - remplacer la moitié de ce lait par des aliments semi-solides très nutritifs.
- Pour les autres aliments, suivre les recommandations pour l'alimentation de l'enfant selon son âge.

► Conseils sur les problèmes d'alimentation

Si l'enfant n'est pas nourri comme indiqué ci-dessus, conseiller la mère en conséquence. En outre :



- Si la mère signale qu'elle a des difficultés à allaiter au sein, évaluer l'allaitement. (Voir tableau *EVALUER, CLASSER ET TRAITER LE NOURRISSON*.) Si nécessaire, montrer à la mère le bon positionnement pour l'allaitement et la bonne prise du sein.

- Si l'enfant a moins de 4 mois et consomme un autre lait ou d'autres aliments :

- Renforcer la confiance de la mère en lui assurant qu'elle peut produire tout le lait dont l'enfant a besoin.
- Suggérer de mettre l'enfant au sein plus fréquemment, de l'y laisser plus longtemps, le jour comme la nuit, et de réduire progressivement l'autre lait ou les aliments.

Si la consommation d'un autre lait doit continuer, conseiller à la mère :

- D'allaiter au sein autant que possible, y compris la nuit.
- De s'assurer que l'autre lait est un lait de substitution localement approprié.
- De s'assurer que l'autre lait est préparé correctement, hygiéniquement et est donné en quantité appropriée.
- De finir dans l'heure le lait préparé.



- Si la mère nourrit l'enfant au biberon :

- Recommander de remplacer le biberon par une tasse.
- Montrer à la mère comment utiliser une tasse pour nourrir son enfant.

- Si l'enfant se nourrit mal, conseiller à la mère :

- De s'asseoir avec l'enfant et de l'encourager à manger.
- De donner à l'enfant une ration adéquate sur une assiette ou dans un bol séparé.

- Si l'enfant se nourrit mal pendant une maladie, conseiller à la mère :

- D'allaiter au sein plus fréquemment et plus longtemps, si possible.
- D'offrir des aliments faciles à manger, variés, appétissants et préférés par l'enfant pour l'encourager à manger le plus possible, et lui donner de fréquents petits repas.
- De désobstruer le nez de l'enfant si son nez bouché l'empêche de manger.
- Dire à la mère que l'appétit sera meilleur quand l'enfant ira mieux.

- Revoir tout problème d'alimentation dans 5 jours.



APPENDIX C

**Estimated Energy Consumption of 9–11 Month Old Infant on Diet Based
Mostly on Plain Rice**

APPENDIX C

Estimated Energy Consumption of 9–11 Month Old Infant on Diet Based Mostly on Plain Rice

Time of meal	Food	Quantity	Estimated energy (kcal)
Morning	Boiled rice	200 ml	120
Afternoon	Boiled rice	200 ml	120
Evening	Boiled rice	200 ml	120
Energy from breastmilk per 24 hours			400 ml

The child at this age needs about 900 kcal per day. Even if he is fed to full stomach capacity three times a day on boiled *solid* rice with or without little enrichment in addition to breastmilk, he runs the risk of being undernourished. If instead of solid rice he is receiving plain rice porridge, as many do without significant addition of energy-dense foods, he will receive more water with the rice and even less food energy. At this age he is unlikely to be able to consume more than the volume of food shown in the table. This example demonstrates the basis for recommending the enrichment of the rice with energy-dense foods, and the suggestions to mothers to feed less dilute foods and to feed more frequently.

APPENDIX D

First Draft of Suggested Feeding Recommendations for the Food Box

LES RECOMMANDATIONS POUR L'ALIMENTATION

0 - 6 mois

- Allaitement maternel exclusif
 - Allaitement au sein à la demande, au moins 10 fois par jour, jour et nuit, en vidant les seins à chaque tétée et en alternant les deux seins
 - Ne pas donner d'autres liquides (café, *ranombary*, jus de fruit, thé, eau sucrée...)
 - Ne pas donner d'autres aliments
- Pour les enfants de plus de 4 mois qui ne gagnent pas le poids qu'il faut, ajouter des aliments complémentaires 1 ou 2 fois par jour après l'allaitement au sein, et donne ces aliments avec une cuiller.

(Liste des aliments, colonne ...)

6- 12 mois

- Allaiter au sein à la demande
 - Donner du riz mou épaissi (1/3 à 1/2 *kapoaka* cuit), des manioc ou pommes de terre écrasés en morceaux, de la bouillie de maïs épaissi,
 - et ajouter comme *laoka* un ou plusieurs de ces aliments: *brèdes*, viande, haricot, poisson, jaune d'oeuf, légumes, potiron, volailles...
 - enrichir le *laoka* de l'enfant avec lait, huile, farine de soja, *patasa*, arachides...
- Donner le riz avec tous les ingrédients du *loaka* écrasé et donner à manger au bébé dans sa propre assiette, 3 fois par jour si l'enfant est allaité au sein, 5 fois par jour si l'enfant n'est pas allaité au sein.
- Entre les repas, donner un goûter (fruits de saison, *mofogasy*, *koba*, biscuits, beignets, arachides, patates sucrées, *mofosira*, manioc sucré, maïs sucré, *varin'afango*, pudding de maïs...)

12- 24 mois

- Continuer d'allaiter au sein à la demande jusqu'à 24 mois
- Donner du riz mou ou du manioc ou maïs épaissi
- Donner à l'enfant tous les ingrédients du *loaka* qui doit être varié :viande, poisson, haricot, huile, arachides pilées, soja, *brèdes*, pomme de terre, oeuf, légumes... avec le riz
- Donner du riz sec avec tous les ingrédients du *loaka*
- Donner 1/2 à 2/3 *kapoaka* de riz cuit, maïs, manioc, patate, pomme de terre à chaque repas principal, selon l'âge
- Entre les 3 repas principaux, donner des goûters: fruit écrasé ou non (banane, avocat, mangue, letchis, ananas, pêches, pomme, orange), potiron, maïs , soja, *koba*, *katsaka*, *mofo-ravina*, *koba* avec pistaches pilées...
- Donner à manger 5 fois par jour (repas principaux + goûters)

APPENDIX E

Feeding Recommendations and Counseling Guide

GUIDE D'ÉVALUATION ET DE COUNSELING

Enfant de 0 à 2 mois

Mode d'alimentation idéal: Allaitement maternel exclusif (AME)

Problème #1 : La mère n'allait pas exclusivement au sein

Recommandations

- 1.a Allaiter uniquement au sein: arrêter de donner du café, de l'eau tiède, sucrée ou non et autres aliments liquides ou semi- solides
- 1.b Augmenter la fréquence des tétées, au moins 10 fois par jour, y compris la nuit
- 1.c Allaiter au sein plus longtemps chaque fois, jusqu'à vider les seins

Problème # 2: La mère allaite moins de 10 fois par jour

Recommandations:

- 2.a Allaiter l'enfant au moins 10 fois par jour, y compris la nuit
- 2.b Allaiter au sein plus longtemps, jusqu'à vider les seins

Problème # 3: La mère allaite pendant une courte durée

Recommandations

- 3.a. Allaiter au sein plus longtemps chaque fois, jusqu'à vider les seins
- 3.b Allaiter au moins 10 fois par jour, y compris la nuit

Problème # 4: La mère pense qu'elle n'a pas assez de lait et donne d'autres liquides ou d'autres aliments à l'enfant

Recommandations

- 4.a Arrêter de donner l'eau, ou des liquides
- 4.b Réduire la quantité de ranombarry et/ou de koba, etc. et allaiter avant de donner un autre liquide
- 4.c Allaiter au sein plus longtemps, jusqu'à vider les seins et au moins 10 fois par jour, y compris la nuit
- 4.d Allaiter des deux seins à chaque tétée ou alterner les seins à chaque tétée

Problème # 5 : La mère essaie d'allaiter exclusivement, mais se plaint de ne pas avoir assez de lait

Recommandations:

- 5.a Allaiter au sein plus longtemps, jusqu'à vider les seins et au moins 10 fois par jour, y compris la nuit
- 5.b Allaiter des deux seins à chaque tétée ou alterner les seins à chaque tétée

Problème # 6: La mère donne du café au bébé

Recommandations:

- 6.a Arrêter de donner du café

Choisir la motivation appropriée correspondant à la recommandation donnée.

MOTIVATION

- Le lait maternel est assez tiède
- Le lait maternel donne assez de liquide/eau à l'enfant jusqu'à 6 mois
- Le lait maternel est propre, il n'y a aucun germe
- Le lait maternel est un aliment complet
- Si on vide le sein, y compris la nuit, il produit beaucoup plus de lait pour bien nourrir l'enfant
- Le bébé sera plus satisfait et il pleurera moins
- Le dernier lait est le plus nourrissant
- L'allaitement jour et nuit évite une nouvelle grossesse
- L'eau de riz remplit l'estomac du bébé mais ne remplace pas le lait naturel

Enfant de 2 à 4 mois

Mode d'alimentation idéal:

Allaitement maternel exclusif (AME)

Problème #1 :	La mère n'allaite pas exclusivement au sein: elle donne de l'eau chaude, de l'eau de riz, du riz bouilli et/ou de la farine de riz/manioc/maïs
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Recommandations

- 1.a Allaiter uniquement au sein et arrêter de donner de l'eau, de l'eau chaude, de l'eau de riz et/ou du koba
- 1.b Réduire la quantité d'eau, eau sucrée et autres aliments liquides et semi-solides et allaiter avant de donner les autres liquides/ aliments
- 1.c Augmenter la fréquence des tétées, au moins 10 fois par jour, y compris la nuit
- 1.d Allaiter au sein plus longtemps chaque fois, jusqu'à vider les seins

Problème # 2 :	La mère allaite par courte durée ou pas assez fréquemment
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Recommandations:

- 2.a Allaiter au sein plus longtemps chaque fois, jusqu'à vider les seins
- 2.b Augmenter le nombre de tétées , au moins 10 tétées par jour, y compris la nuit

Problème # 3 :	La mère essaie d'allaiter exclusivement, mais pense qu'elle n'a pas assez de lait
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Recommandations

- 3.a Allaiter assez longtemps pour vider les deux seins
- 3 b Allaiter plus fréquemment, au moins 10 fois par jour
- 3.c Allaiter des deux seins à chaque tétée, ou alterner les seins à chaque tétée

Problème # 4:	La mère pense qu'elle n'a pas assez de lait et elle donne d'autres liquides ou d'autres aliments à l'enfant
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Recommandations

- 4.a Arrêter de donner l'eau, ou des liquides
- 4.b Arrêter de donner de ranombary et/ou de koba, etc.
- 4.c Réduire la quantité de ranombary et/ou de koba, etc., et allaiter avant de donner les autres liquides / aliments
- 4.d Allaiter au sein plus longtemps, jusqu'à vider les seins et au moins 10 fois par jour, y compris la nuit
- 4.e Allaiter des deux seins à chaque tétée ou alterner les seins à chaque tétée

Problème # 5 : La mère allaite mais utilise des biberons pour d'autres liquides et aliments

Recommandations

- 5.a Arrêter d'utiliser les biberons
- 5.b Donner uniquement le lait maternel, au moins 10 fois par jour, y compris la nuit et arrêter de donner d'autres liquides et aliments
- 5.c Allaiter au sein plus longtemps, chaque fois, jusqu'à vider les seins
- 5.d Diminuer la quantité des autres liquides et les donner dans une tasse, si la mère ne veut pas arrêter de donner d'autres liquides et/ou aliments - exemple: eau chaude, eau sucrée, eau de riz ou crème de riz, etc. Et allaiter avant de donner d'autres liquides et aliments

Choisir la motivation appropriée correspondant à la recommandation donnée

MOTIVATION

Le lait maternel est assez chaud
Il y a assez d'eau dans le lait maternel
Le lait maternel est propre, sans germe
le lait maternel est un aliment complet
Si on allaite souvent, le lait monte beaucoup plus
L'allaitement maternel est plus propre, moins cher, sans germe
Le bébé sera plus satisfait et il pleurera moins
Le dernier lait est le plus nourrissant
L'allaitement maternel exclusif (AME) jour et nuit peut éviter une nouvelle grossesse

Enfant de 4 à 6 mois

Mode d'alimentation idéal:

Allaitement maternel exclusif (AME)

Problème #1 :	La mère n'allait pas exclusivement au sein, et donne d'autres aliments liquides ou semi- solides et le plat familial
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Recommandations

- 1.a Arrêter de donner d'autres aliments/ d'autres liquides
- 1.b Réduire la quantité des autres aliments / liquides, et allaiter avant de donner les autres aliments/ liquides
- 1.c Allaiter l'enfant au moins 10 fois par jour, y compris la nuit
- 1.d Allaiter au sein plus longtemps chaque fois, jusqu'à vider les seins

Problème # 2 :	La mère ne veut pas ou n'est pas capable d'allaiter exclusivement, ou le bébé est laissé avec d'autres personnes
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Recommandations:

- 2.a Allaiter au moins 8 fois par jour
- 2.b Arrêter de donner de la crème de riz/ manioc, etc.
- 2.c Donner du riz mou bouilli plus épais
- 2.d Enrichir la bouillie en ajoutant un ou plusieurs de ces aliments: sucre, lait, huile, de la matière grasse, cacahuètes pilées, patsa, brèdes
- 2.e Allaiter avant de donner les autres aliments / liquides

Problème # 3:	La mère donne du riz mou bouilli trop léger ou pas assez nutritif
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Recommandations :

- 3.a Enrichir la bouillie en ajoutant un ou plusieurs de ces aliments: sucre, lait, huile, de la matière grasse, cacahuète pilées, patsa, brèdes
- 3.b Faire en sorte d'épaissir la bouillie (manioc, soja, maïs ou riz) en ajoutant du manioc, soja, maïs ou riz et en diminuant l'eau

Problème # 4: La mère veut allaiter exclusivement mais se plaint de ne pas avoir assez de lait

Recommandations:

- 4.a Allaiter plus souvent, au moins 10 fois par jour, y compris la nuit
- 4.b Allaiter au sein plus longtemps, chaque fois, jusqu'à vider les seins
- 4.c Allaiter des deux seins à chaque tétée ou alterner les seins à chaque tétée

Problème # 5: La mère pense qu'elle n'a pas assez de lait et donne d'autres liquides ou d'autres aliments à l'enfant

Recommandations:

- 5.a Arrêter de donner l'eau, ou des liquides
- 5. Réduire la quantité de ranombary et/ou de koba, etc. Et allaiter avant de donner les autres liquides / aliments
- 5.c Allaiter au sein plus longtemps, jusqu'à vider les seins et au moins 10 fois par jour, y compris la nuit
- 5.d Allaiter des deux seins à chaque tétée ou alterner les seins à chaque tétée

Problème # 6 : La mère donne du café ou du thé

Recommandations :

- 6.a Arrêter de donner du café ou du thé

Choisir la motivation appropriée correspondant à la recommandation donnée

MOTIVATION

- Le lait maternel donne plus de force que le riz mou bouilli
- Le lait maternel est plus facile à donner et ne prend pas beaucoup de temps de préparation
- Le lait maternel est un aliment complet
- La quantité de lait augmente quand on allaite souvent jusqu'à vider les seins
- Le bébé sera plus gros (alikalika, amboamboá)
- Le bébé sera plus content et dérangera moins la maman
- Une bouillie plus épaisse donne plus de force

Enfant de 6 à 12 mois

Mode d'alimentation idéal: Allaitement maternel fréquent, complété par des aliments nutritifs mous et par le plat familial

Problème #1 :	Le bébé est nourri avec du manioc/ soja / maïs/riz mou bouilli sans variété ou trop liquide
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Recommandations :

- 1.a Faire en sorte d'épaissir la bouillie (manioc, soja, maïs ou riz) en ajoutant du manioc, soja, maïs ou riz et en diminuant l'eau
- 1.b Enrichir la bouillie en ajoutant un ou plusieurs de ces aliments: sucre, lait, huile, cacahuète pilé, patsa, brèdes, soja

Problème # 2 :	Le bébé mange du plat familial qui manque de variété et qui n'est pas assez nutritif
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Recommandations:

- 2.a Donner plus de laoka déjà écrasé au bébé (et pas seulement le jus), et donner dans son/ sa propre bol/ assiette
- 2.b Entre les repas principaux, donner le goûter au bébé, par exemple: mofogasy, beignets, lait, purée de légumes, avocat, fruits écrasés (banane, papaye, pomme, mangue, goyave, poire, abricot, orange...) etc. ou encore patate /maïs / manioc avec sucre
- 2.c Enrichir le laoka de bébé en ajoutant une cuillerée à café de cacahuètes pilées ou de soja, ou une cuillerée d'huile, de la viande hachée, du poisson, du patsa ou du lait

Problème #3 :	Le bébé n'est pas alimenté assez fréquemment (moins de 3 fois s'il est au sein ou moins de 5 fois s'il ne tète plus)
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Recommandations :

- 3.a Entre les repas principaux, donner le goûter au bébé, par exemple: mofogasy, beignets, lait, purée de légumes, avocat, fruits écrasés (banane, papaye, pomme, mangue, goyave, raisin, poire, abricot, orange...) etc.
- 3.b Augmenter le nombre de repas du bébé de une à plusieurs fois par jour

Problème # 4 : Le bébé ne reçoit pas suffisamment de nourriture par repas

Recommandations :

- 4.a Augmenter la quantité de repas à donner au bébé à peu près ½ « kapoaka » (150 à 180 ml) selon l'âge, et superviser l'enfant pendant qu'il mange
- 4.b Donner le repas à l'enfant dans son/ sa propre bol/ assiette
- 4.c Augmenter le nombre de repas du bébé de une à plusieurs fois par jour
- 4.d Encourager l'enfant à manger

Problème # 5 : Le bébé mange des aliments de complément, mais la mère ne sait pas quelle quantité il mange parce qu'il ne mange pas de sa propre assiette

Recommandations :

- 5.a Donner au bébé son / sa propre bol/ assiette et superviser l'enfant pendant qu'il mange
- 5.b Encourager l'enfant à manger

Problème # 6: Le bébé ne veut pas manger

Recommandations

- 6.a Donner à manger fréquemment au bébé, plusieurs fois par jour
- 6.b Préparer les aliments que le bébé préfère et donner au bébé
- 6.c Surveiller l'enfant pendant son repas et l'inciter activement à manger
- 6.d Allaiter fréquemment le bébé jusqu'à vider les seins

Choisir la motivation appropriée correspondant à la recommandation donnée

MOTIVATION

- Un enfant qui mange plus sera plus satisfait
- Le bébé sera en meilleure santé et grandira mieux
- Le bébé sera repu d'aliments nutritifs et ne sera pas affamé de sitôt
- L'estomac du bébé est petit, il a besoin de manger en petite quantité et plus fréquemment pour avoir assez de nourriture et mieux grandir
- Le bébé a besoin de suffisamment de nourriture pour grandir comme il faut, il a besoin d'être surveillé et encouragé pour bien manger
- La mère doit savoir quelle quantité de nourriture le bébé a mangé
- Le bébé est petit et peut ne pas avoir assez à manger si il mange dans un plat commun.

Enfant de 12 à 18 mois

Mode d'alimentation idéal: Repas selon le régime de la famille plus des repas (au moins 5 par jour au total) , tout en continuant l'allaitement maternel

Problème #1 : Le bébé est nourri avec du manioc/maïs/ soja /riz mou bouilli sans variété ou trop liquide

Recommandations :

- 1.a Donner au bébé tous les ingrédients du plat familial, y compris la viande, le poisson, les graines.
- 1.b Epaissir la bouillie en mettant plus de manioc/ maïs/ soja/ riz et moins d'eau et en ajoutant : cacahuètes pilées, soja, lait, sucre, huile, brèdes, etc.
- 1.c Entre les repas principaux, donner le goûter au bébé, par exemple des pommes de terre bouillies et pressées, des patates, de la purée de légumes, purée de soja, potiron bouilli, fruits (banane, papaye, avocat, goyave, mangue, etc.), varin' ampango, etc.
- 1.d Enrichir la bouillie avec des cacahuètes pilées, du soja, du lait, du sucre, de l'huile, des brèdes, etc.

Problème # 2 : Le bébé mange moins de 5 fois par jour (3 repas principaux + 2 goûters)

Recommandations :

- 2.a Augmenter le nombre de repas principal du bébé de une à plusieurs fois par jour
- 2.b Entre les repas principaux, donner le goûter au bébé, par exemple des pommes de terre bouillies et pressées, des patates, de la purée de légumes, purée de soja, potiron bouilli, fruits (banane, papaye, avocat, goyave, mangue, etc.), varin'apango, etc.

Problème # 3 : Le bébé mange du plat familial qui manque de variété et qui n'est pas assez nutritif

Recommandations:

- 3.a Donner au bébé tous les ingrédients du plat familial (y compris la viande) et donner plus de laoka déjà écrasé au bébé (et pas seulement le jus), et donner dans son/ sa propre bol/ assiette
- 3.b Entre les repas principaux, donner le goûter au bébé, par exemple: mofogasy, beignets, lait, purée de légumes, avocat, fruits écrasés (banane, papaye, pomme, mangue, goyave, poire, abricot, orange...) etc., ou des patates écrasées, enrichies en ajoutant du sucre ou des cacahuètes pilées
- 3.c Enrichir le repas de bébé en ajoutant une ou deux cuillerées à café de cacahuètes pilées ou de soja au laoka du bébé (pommes de terre, brèdes, haricots, légumes secs...)

Problème # 4 : Le bébé mange du plat familial, mais pas assez à chaque repas

Recommandations :

- 4.a Augmenter la quantité d'aliments par repas au moins jusqu'à un 1/2 « kapoaka » (200 ml) et encourager le bébé à manger tout le plat
- 4.b Donner à manger au bébé dans son/ sa propre bol/ assiette
- 4.c Enrichir le plat du bébé en y ajoutant des ingrédients nutritifs, tels que huile, patsa, soja, cacahuètes pilées, etc.

Problème # 5 : Le bébé ne mange pas dans son/ sa propre bol/ assiette**Recommandations :**

- 5.a Donner à manger au bébé dans son/ sa propre bol/ assiette
- 5.b S'assurer que le bébé mange, et l'encourager à manger tout le plat

Problème # 6: Le bébé mange assez fréquemment, mais plus de goûter que de plat principal**Recommandations :**

- 6.a Augmenter au moins d'une fois le plat principal car le bébé doit recevoir au moins 3 repas principaux et 2 goûters

Problème # 7: Le bébé ne veut pas manger**Recommandations**

- 7.a Donner à manger fréquemment au bébé, plusieurs fois par jour
- 7.b Préparer les aliments que le bébé préfère et donner au bébé
- 7.c Surveiller l'enfant pendant son repas et l'inciter activement à manger
- 7.d Donner à manger au bébé avant de l'allaiter

Choisir la motivation appropriée correspondant à la recommandation donnée.

MOTIVATION

- Un enfant qui mange plus sera plus satisfait
- Le bébé sera en meilleure santé et grandira mieux
- Le bébé sera repu d'aliments nutritifs et ne sera pas affamé de sitôt
- L'estomac du bébé est petit, il a besoin de manger en petite quantité et plus fréquemment pour avoir assez de nourriture et mieux grandir
- Le bébé a besoin de suffisamment de nourriture pour grandir comme il faut, il a besoin d'être surveillé et encouragé pour bien manger
- La mère doit savoir quelle quantité de nourriture le bébé a mangé
- Le bébé est petit et peut ne pas avoir assez à manger si il mange dans un plat commun.

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Enfant de 18 à 24 mois

Mode d'alimentation idéal:

Repas selon le régime de la famille plus des repas (au moins 5 par jour au total) , tout en continuant l'allaitement maternel

Problème #1 : Le bébé est nourri avec du manioc/maïs/ soja /riz mou bouilli sans variété ou trop liquide

Recommandations :

- 1.a Donner au bébé tous les ingrédients du plat familial, y compris la viande, le poisson, les graines.
- 1.b Epaissir la bouillie en mettant plus de manioc/ maïs/ soja/ riz et moins d'eau et en ajoutant : cacahuètes pilées, soja, lait, sucre, huile, brèdes, etc.
- 1.c Entre les repas principaux, donner le goûter au bébé, par exemple des pommes de terre bouillies et pressées, des patates, de la purée de légumes, purée de soja, potiron bouilli, fruits (banane, papaye, avocat, goyave, mangue, etc. varin'ampango, etc.

Problème # 2 : Le bébé mange moins de 5 fois par jour (3 repas principaux et 2 goûters)

Recommandations :

- 2.a Augmenter le nombre de repas principal du bébé de une à plusieurs fois par jour
- 2.b Entre les repas principaux, donner le goûter au bébé, par exemple des pommes de terre bouillies et pressées, des patates, de la purée de légumes, purée de soja, poitiron bouilli, fruits (banane, papaye, avocat, goyave, mangue, etc.), varin'apango, etc.

Problème # 3 : Le bébé mange du plat familial qui manque de variété et qui n'est pas assez nutritif

Recommandations:

- 3.a Donner au bébé tous les ingrédients du plat familial et donner plus de laoka au bébé (et pas seulement le jus), et donner dans son/ sa propre bol/ assiette
- 3.b Entre les repas principaux, donner des patates écrasées enrichies en ajoutant du sucre, ou des cacahuètes pilées
- 3.c Entre les repas principaux, donner le goûter au bébé, par exemple: mofogasy, beignets, lait, purée de légumes, avocat, fruits écrasés (banane, papaye, pomme, mangue, goyave, poire, abricot, orange...) etc.
- 3.d Ajouter une ou deux cuillerées à café de cacahuètes pilées ou de soja au laoka du bébé (pommes de terres, brèdes, haricots, légumes secs)
- 3.e Ajouter une cuillerée d'huile au laoka du bébé (pommes de terre, brèdes, haricots, légumes secs)

Problème # 4 : Le bébé mange du plat familial, mais pas assez à chaque repas

Recommandations :

- 4.a Augmenter la quantité d'aliments par repas au moins jusqu'à 2/3 « kapoaka » (200 à 250 ml) et encourager le bébé à manger tout le plat
- 4.b Donner à manger au bébé dans son/ sa propre bol/ assiette
- 4.c Ajouter des ingrédients nutritifs, tels que huile, patsa, soja, cacahuètes pilées, etc.

Problème # 5 : Le bébé ne mange pas dans son/ sa propre bol/ assiette

Recommandations :

- 5.a Donner à manger au bébé dans son/ sa propre bol/ assiette
- 5.b S'assurer que le bébé mange, et l'encourager à manger tout le plat

Problème # 6: Le bébé mange assez fréquemment, mais plus de goûter que de plat principal

Recommandations :

- 6.a Augmenter au moins d'une fois le plat principal car le bébé doit recevoir au moins 3 repas principaux et 2 goûters

Problème # 7: Le bébé ne veut pas manger

Recommandations :

- 7.a Donner à manger fréquemment au bébé, plusieurs fois par jour
- 7.b Préparer les aliments que le bébé préfère et donner au bébé
- 7.c Surveiller l'enfant pendant son repas et l'inciter activement à manger
- 7.d Donner à manger au bébé avant de l'allaiter

Choisir la motivation appropriée et correspondant à la recommandation donnée.

MOTIVATION

- Un enfant qui mange plus sera plus satisfait
- Le bébé sera en meilleure santé et grandira mieux
- Le bébé sera repu d'aliments nutritifs et ne sera pas affamé de sitôt
- L'estomac du bébé est petit, il a besoin de manger en petite quantité et plus fréquemment pour avoir assez de nourriture et mieux grandir
- Le bébé a besoin de suffisamment de nourriture pour grandir comme il faut, il a besoin d'être surveillé et encouragé pour bien manger
- La mère doit savoir quelle quantité de nourriture le bébé a mangé
- Le bébé est petit et peut ne pas avoir assez à manger si il mange dans un plat commun.

APPENDIX F

Interview Guide

GUIDE POUR INTERVIEW

ESSAIS DANS LES MENAGES : VISITE INITIALE

INFORMATION GENERALE

Date: ___/___/___ Commencée à: ___ h ___
Enquêteur:
Commune: Fokontany:
Adresse: Numéro du ménage:
Nom de l'enfant: Sexe:
Age en mois: _____ Date de naissance:
Principale activité de la mère: Profession du père:
Nombre d'heures par jour loin de l'enfant:
Nom du gardien quand la mère n'est pas là:
Relation du gardien avec l'enfant:

*Expliquez à la mère que vous vous intéressez à la santé et à l'alimentation de l'enfant.
Expliquer la raison de votre visite : il s'agit d'un projet de recherche pour développer un
programme en faveur des personnes ayant des enfants et pour ces enfants.*

*Dites- lui que vous lui poserez des questions pour savoir comment elle nourrit son bébé, et vous
lui demanderez de répondre avec précision, en étant honnête, parce que vous désirez tirer des
leçons de ses expériences.*

*Dites- lui que le programme sera appliqué, aussi vous voulez son opinion sur ce qui est possible
de faire et ce qui est digne d'être fait, et que vous voulez qu'elle puisse tester des manières
d'alimenter le bébé et que son opinion est importante.*

Expliquez ce que vous attendez d'elle, et assurez - vous qu'elle consent à :

- vous accorder son temps aujourd'hui et les jours suivants
- répondre à vos questions et vous permettre de prendre note pour vous aider à garder la conversation en mémoire, les informations restant confidentielles.

ANTECEDENTS DE SANTE

1. Comment va votre enfant aujourd'hui ? _____

Si l'enfant va bien, est-ce qu'il va souvent bien? Est-ce qu'il a été malade avant? Qu'est-ce qu'il avait ?

Si l'enfant est malade, qu'est-ce qu'il a ? _____

L'enfant est-il souvent malade? Des problèmes?

3. En général, l'enfant mange-t-il bien? _____

A-t-il des problèmes? A-t-il bon appétit? _____

Comment la mère sait que le bébé a bon appétit? _____

Si non, depuis quand n'a-t-il pas bon appétit ? _____

Dans ce cas, qu'est-ce que la mère fait ? _____

ANTECEDENTS SUR LE PLAN ALLAITEMENT MATERNEL

4. L'enfant est-il allaité? _____ (O/N)

a. Si oui: fréquence? Jour _____ Nuit _____ (nbre estimé de fois)

Sur demande? Jour _____ Nuit _____ (O/N)

b. Si le bébé ne tète pas la nuit, pourquoi ? _____

Est- ce que le bébé dort avec vous? _____

c. Est- ce que vous lui donnez à téter des deux seins ? _____

Si non, pourquoi pas ? _____

OBSERVATIONS CONCERNANT L'ALLAITEMENT MATERNEL

Si la mère allaite pendant l'interview, observez-la ainsi que l'enfant et prenez des notes sur le style d'allaitement. Par exemple, prenez des notes sur les aspects suivants:

- *Est-ce que la mère semble détendue en allaitant?*
- *Donne-t-elle à manger à l'enfant des deux seins ?*
- *Commence-t-elle la prochaine tétée avec l'autre sein?*
- *Qui démarre et termine la tétée: la mère ou l'enfant?*
- *est-ce que l'enfant tète souvent? Pendant longtemps?*

OBSERVATIONS CONCERNANT L'ALIMENTATION

Dans le cadre de l'évaluation alimentaire, observez toute alimentation qui a lieu pendant l'interview, notez divers aspects tels que le type d'aliment, la consistance, la quantité servie et mangée, la méthode d'alimentation ainsi que l'attitude de la mère, l'attitude de l'enfant et l'attitude d'une autre personne qui s'occupe de l'enfant.

EVALUATION ALIMENTAIRE

5. *Faites un rappel de 24 heures pour tous les aliments et liquides (y compris l'eau) autres que le lait maternel. Commencez par reconstruire ce qui s'est passé le jour d'avant en matière d'alimentation.*

Hier matin, qu'avez-vous donné à manger à votre bébé?

Quelle quantité a-t-il mangé? Dans quel récipient? Puis-je voir le récipient? C'était rempli jusqu'où?

Est-ce que le bébé a tout mangé? Avez-vous donné plus? Si oui, quelle quantité? Si non, pourquoi pas?

Quels étaient les ingrédients? Quelle quantité? Pouvez-vous me les montrer?

Vérifiez la quantité des ingrédients, mais ne passez pas trop de temps sur les méthodes de cuisson à moins qu'il y ait quelque chose qui aurait pu affecter les aliments du bébé.

Vérifier quelle consistance le repas avait, s'il y avait du sucre, du lait ou d'autres ingrédients. Demandez à voir la préparation du jour et la manière dont le bébé l'absorbe (le boit-il?)

Observez le nombre de tétées durant la journée et par un petit calcul, vous pourrez estimer le nombre total d'allaitement

Continuez à interroger sur l'alimentation du jour précédent (par exemple: et après le repas du matin, qu'avez-vous fait? Est-ce que le bébé a mangé quelque chose?) et remplissez le tableau à cet effet.

Aliment / Boisson	Ingrédients	Quantité	Consistance	Nbre de fois/ semaine

Est-ce que le bébé a mangé normalement hier?

Si non, quelle était la différence?

Et qu'est-ce qu'il n'a pas aimé manger ?

6. *Faites une évaluation sur la fréquence d'alimentation pour d'autres aliments, boissons ou goûters que l'enfant reçoit couramment (autres que ceux mentionnés).*

Demandez à la mère quels sont les aliments qu'elle donne parfois à son enfant, même si elle ne les a pas donnés hier. Ici, nous essayons de connaître quels sont les autres aliments qui ne faisaient pas partie du rappel de 24 heures mais que l'enfant pourrait manger au moins une fois par semaine.

Posez des questions approfondies pour les aliments mangés de temps en temps, par exemple, lorsque l'enfant n'est pas à la maison, pendant les fins de semaine ou lorsque ces aliments sont disponibles. Demandez à la mère d'estimer la quantité de cet aliment que mange généralement l'enfant ainsi que la fréquence. Posez également des questions sur les aliments et les goûters achetés.

Aliment / Boisson	Ingrédients	Quantité	Nbre de fois/ semaine

Quels sont les aliments disponibles à la maison en ce moment ?

Nom (français)	Nom (local)	Cultive	Achete chaque jour	Achete quelquefois
LEGUMES				
carotte				
tomate				
chou				
haricot vert				
courgette				
potiron				
oignon				
poireau				
ciboulette				
ail				
concombre				
betterave				
navet				
radis				
petit pois				
flageolet				
chou fleur				
LEGUMINEU SE				
	voanemba			
	voanjobory			
haricot sec				
	tsiasisa			
OLEAGINEU X				
arachide				
soja				
CEREALES				
riz				
maïs				
CULTURES VIVRIERES				
manioc sec				
manioc frais				
patate douce	mbizo; ovy			
taro	saonjo			
pomme de terre	ovy bory			
	kabaro			
	voatsiroroka na mahalay			
BREDES				
morelle	anamamy			
cresson	anandrano			
chou de chine	pe-tsay			
	ty-sam			
	anamalao			
	ramirebaka			
	ravitoto			

	ravim-boamanga			
	anatsinahy			
FRUITS				
banane	akondro			
papaye				
mangue	manga			
jacque	ampalibe			
orange	voasary			
coeur de boeuf	pokanalina			
coco				
raisin				
tamarin	voamadilo			
jujube	mokininazy na voatsinefy			
ALIMENTS PROTEINIQUES				
poisson frais				
poisson sec				
	patasa			
	pirina			
	vily			
viande de boeuf				
viande de porc				
volailles				
AUTRES				
miel				
huile				
mofogasy				
beignets				
autre				

7. Demandez à la mère si le bébé a bon appétit. Qui décide quand l'enfant doit manger et quelle quantité? Est-ce que la mère laisse l'enfant décider lui-même? Quels sont alors les messages de l'enfant?

Si c'est possible, demandez à goûter au plat du bébé s'il en reste.

8. Est-ce que la mère pense que l'enfant mange assez? Pourquoi et pourquoi non? Est-ce qu'elle essaie de le faire manger plus? Quand? Comment? Est-ce que ça marche? Est-ce que d'autres personnes réussissent? Peut-elle donner des exemples?

Si le bébé est malade, est-ce qu'il perd son appétit? _____

Si oui, qu'est-ce que la mère fait? Est-ce que ça réussit? Est-ce qu'elle connaît ce que les autres font quand leur enfant est malade et ne veut pas manger?

9. *Si c'est possible, vérifiez la courbe de croissance et voyez si l'enfant grandit bien. Notez également vos propres observations sur la santé de l'enfant. A-t-il l'air en bonne santé ou non*

A la fin de l'interview, essayer de trouver délicatement / indirectement le niveau d'instruction de la mère, le nombre d'enfants et l'ordre de naissance de cet enfant (3è, 5è, etc.)

Niveau d'instruction de la mère (cochez l'un des suivants):

Aucun ___ Primaire incomplet ___ Primaire complet ___

Secondaire incomplet ___ Secondaire complet ___ Post secondaire ___

Nombre d'enfants ___ Ordre de naissance de l'enfant de l'étude ___

CLOTURE: Remerciez la mère d'avoir répondu à vos questions et expliquez que vous reviendrez demain pour discuter avec elle du régime alimentaire de l'enfant. Demandez l'heure de la visite.

Visite de counseling prévue pour : _____

Terminée à : ___ h ___

ANALYSE DU RÉGIME ALIMENTAIRE
(A REMPLIR APRES LA PREMIERE VISITE)

9.. Analyser l'information alimentaire et identifiez tout problème alimentaire donné dans le Guide d'Évaluation et de Counseling. Rédigez un bref récapitulatif des aspects suivants du régime alimentaire et indiquez si l'alimentation es adéquate ou non.

Pratiques d'allaitement maternel (y compris fréquence):

Fréquence de l'alimentation :(autre que l'allaitement maternel)

Quantité donnée:

Qualité / variété:

Consistance / épaisseur:

10. Problèmes identifiés :

Recommandations possibles :

ESSAIS DANS LES MENAGES : VISITE DE COUNSELING

INFORMATIONS DE RAPPEL

Date ___ / ___ / ___

Heure : ___ h ___

Enquêteur:

Commune:

Fokontany:

Adresse:

Nom de l'enfant:

Numéro du ménage:

DISCUSSION DE L'EVALUATION ALIMENTAIRE

Expliquez à la mère votre évaluation du régime alimentaire de l'enfant, rappelez- vous de la féliciter pour toute pratique positive. Par exemple:

« Votre enfant a / n'a pas reçu de lait maternel ... »
[S'il en a reçu, notez la fréquence et tout problème].

« En outre, votre enfant reçoit ... _____ (lait / boissons) et
_____ (aliments) ».
[Notez fréquence, quantité, consistance selon la mère].

« Votre enfant prend cela avec une cuiller / d'une tasse/ d'un biberon / ou d'un plat commun partagé avec le reste de la famille , etc. »

« Comme vous me l'avez dit, votre enfant semble en bonne santé / malade par le passé / souvent malade / malade aujourd'hui ... »

[Ajoutez toute autre information importante que la mère a mentionné. Demandez si elle est d'accord avec votre récapitulatif]

Résolution de problèmes :

Demandez à la mère si elle serait prête à essayer quelque chose de nouveau pour améliorer le régime alimentaire pour la santé et la force de l'enfant.

Demandez- lui si elle a des idées - faites des suggestions générales et essayez de lui faire trouver des améliorations possibles.

Discutez des recommandations appropriées pour l'âge et les modes alimentaires actuels de l'enfant en fonction du Guide d'Évaluation et de Counseling.

Sur les formulaires suivants, notez autant de détails que possible sur les réponses de la mère aux recommandations (comment réagit-elle, pourquoi est-elle prête ou pas prête à essayer?)

Négociez avec la mère pour qu'elle choisisse une nouvelle pratique qu'elle serait prête à essayer pendant quelques jours. Expliquez que vous reviendrez pour avoir son avis sur la nouvelle pratique.

RECOMMANDATIONS

Recommandation # ____ :

Options alimentaires spécifiques proposées :

Réponse initiale de la mère :

Prête à essayer ? Pourquoi ou pourquoi pas ?

Toute autre circonstance qui la pousserait à essayer les recommandations? Quand ? Quelles modifications?

Si la mère est hésitante, notez quelle motivation a semblé convaincre la mère.

RECOMMANDATIONS

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Réponse initiale de la mère :

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Toute autre circonstance qui la pousserait à essayer les recommandations? Quand ? Quelles modifications?

Si la mère est hésitante, notez quelle motivation a semblé convaincre la mère.

AVANT DE QUITTER LA MAISON

Résumez ce que la mère a accepté d'essayer :

Demandez - lui de vous expliquer la pratique et assurez - vous qu'elle a compris et qu'elle accepte. Demandez- lui si elle a des questions ou des commentaires à faire et notez- les.

[Proposez - lui d'écrire un « Mémo pour alimenter Bébé » si elle pense que ça peut l'aider et donnez- le lui après.]

Convenez ensemble d'une date pour la visite de suivi. Vous pouvez demander à la mère à quel moment de la journée ça lui conviendrait de vous retrouver et essayer de vous assurer qu'elle sera chez elle quand vous reviendrez.

Date de suivi : _____

Remerciez la mère pour avoir eu le temps de répondre à vos questions et encouragez- la à vraiment essayer la nouvelle recette.

Visite terminée à : _____ h _____

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VISITE DE SUIVI

INFORMATIONS DE RAPPEL

Date / /

Heure : h

Enquêteur :

Commune:

Adresse:

Nom de l'enfant:

Numéro du ménage:

EVALUATION ALIMENTAIRE

Saluez la mère, et demandez- lui comment va la famille depuis votre dernière visite.

Commencez par un rappel de 24 heures en suivant la même approche que pendant la première visite. Posez des questions approfondies pour tous les aliments, boissons et goûters consommés par l'enfant le jour et la nuit précédente.

Heure	Lait maternel, aliment ou boisson	Ingrédients	Quantité	Mode

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RESULTAT DE L'ESSAI :

Rapportez-vous à l'accord pris avec la mère pendant la seconde visite (à la fin de la visite de counseling). Utilisez les formulaires suivants pour noter chaque pratique qu'elle a convenu d'essayer et posez les questions mentionnées. Posez des questions approfondies pour trouver les raisons et prenez des notes détaillées.

Remplissez des formulaires séparés pour chaque pratique qu'elle a convenu d'essayer pour ce qu'elle a essayé à la place.

Recommandation:

Est-ce que la mère l'a essayé ? ___ O/N

Si non, quelles sont les raisons? Posez des questions approfondies pour voir pourquoi elle n'a pas essayé .

Si oui, est-ce qu'elle l'a aimé ? ___ O/N

Qu'est-ce qu'elle a aimé à propos de la nouvelle pratique ?

Qu'est-ce qu'elle n'a pas aimé à propos de la nouvelle pratique ?

A son avis, comment l'enfant a-t-il répondu?

A-t-elle modifié la recommandation? Comment? Pourquoi?

Est-ce que d'autres personnes ont dit quelque chose à ce propos? Qui? (Mari, belle-famille, amis)? Qu'ont-ils dit?

Continuera-t-elle la pratique recommandée? Pourquoi ou pourquoi pas? Est-ce qu'elle le fera chaque jour?

Est-ce qu'elle la recommanderait à d'autres? Comment les convaincrait-elle d'essayer? (Avec ses propres mots?)

Recommandation:

Est-ce que la mère l'a essayé ? ___ O/N

Si non, quelles sont les raisons? Posez des questions approfondies pour voir pourquoi elle n'a pas essayé .

Si oui, est-ce qu'elle l'a aimé ? ___ O/N

Qu'est-ce qu'elle a aimé à propos de la nouvelle pratique ?

Qu'est-ce qu'elle n'a pas aimé à propos de la nouvelle pratique ?

A son avis, comment l'enfant a-t-il répondu?

A-t-elle modifié la recommandation? Comment? Pourquoi?

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Continuera-t-elle la pratique recommandée? Pourquoi ou pourquoi pas? Est-ce qu'elle le fera chaque jour?

Est-ce qu'elle la recommanderait à d'autres? Comment les convaincrait-elle d'essayer? (Avec ses propres mots?)

Recommandation:

Est-ce que la mère l'a essayé ? ___ O/N

Si non, quelles sont les raisons? Posez des questions approfondies pour voir pourquoi elle n'a pas essayé .

Si oui, est-ce qu'elle l'a aimé ? ___ O/N

Qu'est-ce qu'elle a aimé à propos de la nouvelle pratique ?

Qu'est-ce qu'elle n'a pas aimé à propos de la nouvelle pratique ?

A son avis, comment l'enfant a-t-il répondu?

A-t-elle modifié la recommandation? Comment? Pourquoi?

Est-ce que d'autres personnes ont dit quelque chose à ce propos? Qui? (Mari, belle-famille, amis)? Qu'ont-ils dit?

Continuera-t-elle la pratique recommandée? Pourquoi ou pourquoi pas? Est-ce qu'elle le fera chaque jour?

Est-ce qu'elle la recommanderait à d'autres? Comment les convaincrait-elle d'essayer? (Avec ses propres mots?)

Clôture:

Encouragez la mère à continuer la pratique et demandez- lui si elle a des questions ou des commentaires. Apportez un counseling ou une information si nécessaire. Remerciez- la de sa participation à l'étude.

Terminé à : ___ h ___

Analysez l'information alimentaire et notez toute différence depuis la première visite. Y a-t-il une indication montrant que la mère a ajouté les nouvelles pratiques qui ont été recommandées? Quelle est l'adéquation du régime alimentaire à présent?

Pratiques d'allaitement maternel (y compris la fréquence):

Fréquence d'alimentation (autre que l'allaitement maternel):

Quantité donnée:

Qualité / variété:

Consistance / épaisseur:
