PN-ABF-008

65959

WORKSHOP ON QUALITATIVE RESEARCH, NUTRITION EDUCATION AND CHILD FEEDING

PAKISTAN

A Report Prepared By PRITECH Consultant:
MARCIA GRIFFITHS, (through sub-contract to: The Manoff Group)

During The Period:
NOVEMBER 23 - DECEMBER 14, 1988

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency For International Development
CONTRACT NO: AID/DPE-5969-Z-00-7064-00
PROJECT NO: 936-5969

AUTHORIZATION:
AID/S&T/HEA: 2/19/90
ASSGN. NO: HSS 018-PA

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BACKGROUND

It is estimated that approximately 50% of Pakistan's under-five population is undernourished. While some of this undernutrition is a result of poor access to food because of poverty, recent anthropological-type investigations (many related to diarrheal disease) have indicated that much of the problem stems from poor child feeding practices, starting with infant feeding.

Besides less than optimal practices regarding breastfeeding, introduction of foods, frequency of feeding, nutritional quality of weaning foods, etc., feeding practices also increase the risk of the child contracting diarrhea, which then worsens that child's nutritional status. In Pakistan, improvements in feeding practices both during and after illness as well as on a regular basis are critical to any child survival package and are an essential component of diarrheal disease prevention actions.

In January 1988 Dr. Tina Sanghvi prepared a report, Nutrition and Infant Feeding in Pakistan: Recommendations for a USAID Child Survival Project. This report summarizes available data and program experience to build a strong case for a nutrition education effort in the areas of breastfeeding and weaning that would accompany diarrheal disease education, any growth monitoring efforts, and all medical professional training.

This consultancy was intended to follow-up to Dr. Sanghvi's recommendations to begin to lay the groundwork for activities to improve child feeding. The scope of work for the consultancy, as described by the Pakistan PRITECH representative and approved by USAID, was to:

1. Make one presentation on growth monitoring as part of a workshop for physicians working in Diarrhea Treatment Units.

2. Conduct a five-day workshop on Research to Design Education Aimed at Improving Young Child Feeding. The purpose of this workshop is to 1) introduce the methodology to representatives of NGOs and government institutions currently implementing nutrition programs for children; 2) enable these institutions to develop a plan to utilize the methodology in designing their programs; 3) have participantR in the workshop and Ms. Griffiths learn about currently available research and programs in nutrition for children in Pakistan.

3. Review and make improvements to key messages on feeding of children. These messages are for medical officers working in rural health facilities.

4. Given existing resources and institutions and Ms. Griffiths' methodology and experience, propose an overall strategy for nutrition for young children in Pakistan.

Most of the effort during the three-week consultancy was spent on item 3 of the scope of work. The first week of the consultancy, I reviewed studies and planned, with the PRITECH staff, the workshop agenda and activities. The second week, we held the workshop, and the last week we wrote the workshop report and I went to Karachi to discuss follow-up activities with some workshop participants.

All items in the scope of work were accomplished with the exception of item 4, "to propose an overall strategy for nutrition for young children." In three weeks in Pakistan with no travel outside of Islamabad, this task was a big order. Therefore, item 4 was modified to be "a strategy for initiating work to improve young child feeding practices." This was accomplished during debriefing visits with the key nutrition planner in the government, USAID, and several of the workshop participants.

Following is a summary of what was done for each item in the scope of work. In Appendix A contains a list of people who were contacted during the consultancy, and Appendix B lists documents that were reviewed on health, nutrition and practices related to health and nutrition in Pakistan.

ACTIVITIES OF THE CONSULTANCY

1. Growth Monitoring Presentation.

Although it was not possible to make a growth monitoring presentation to physicians in Diarrheal Treatment Units (DTUs), I did go to Children's Hospital to speak about "Current Thinking on Growth Monitoring Programs." The main concepts stressed in this presentation were:

1. The change from assessing nutritional status to monitoring changes in weight.

2. The use of monitoring information for decision making — both for individual children and the community at large.

3. Strengthening nutrition education efforts by linking them with growth monitoring.

At Children's Hospital, Drs. Khan and Abas have already made many innovations in the hospital's growth monitoring program. The students in the program had a lot of questions and practical challenges, so the discussion was lively and useful. It appears that there is a cadre of doctors being trained at this hospital who are current on growth monitoring and could serve as trainers of others. Also, any development of growth charts should be done in conjunction with Dr. Abas, who is testing a chart that has demarcations for each 100 gm. (the same principle as the Bubble Chart), an important change in growth card design when the goal is to assess weight gain, not nutritional status.

2. The Workshop: Research to Design Education Aimed at Improving Young Child Feeding.

The major activity of the consultancy was the five-day workshop to train both social science researchers and nutritionists from a variety of Pakistani institutions in qualitative research techniques for the study of feeding practices, especially as they relate to child illness.

The workshop was sponsored by PRITECH/USAID and the Pakistan Voluntary Health and Nutrition Association (PVHNA). There were thirty participants at the workshop; approximately two-thirds were invited by PRITECH/USAID and one-third by PVHNA from among its member organizations. The institutions chosen are active in either the research or community health/nutrition. The representatives of the institutions were selected because they were in a position to use the methodology and concepts that would be shared at the workshop. An excellent job was done of inviting appropriate participants. Appendix C contains a list of the participants.

The workshop had as its objectives:

1. To exchange research and program experiences in the area of changing health-related behaviors.

2. To acquaint the participants with qualitative research techniques: why, when and how they are used. In particular, to share the protocol developed by The Weaning Project and refined for diarrheal disease control programs in collaboration with PRITECH.

3. To apply some of the research techniques and work together to refine assumptions about child feeding based on what was learned from mothers and others in the community.

4. To make plans for the use of these skills in the participants' jobs.

Overall, the workshop met its objectives both from the perspective of participant and trainer. This was due in large part to: a) the caliber of the participants; b) the open and sharing atmosphere that was created in particular by the opening remarks given by Lucia Ferraz-Tabor, Begum Zubair and Begum Nasim; and c) because of the extraordinary preparation work that the PRITECH staff did in assisting in the preparation of documents and the field work: all of the families who helped in the field work were recruited ahead of time, so we were sure to have a good representation of children by age and by health status (well or sick).

During the five days, we tried to replicate the research process. Because the protocol usually takes 3-4 months to complete, we obviously had to abbreviate the steps and do a few steps just as theoretical exercises in the "classroom." However, we were able to include two field trips, first to talk to mothers to learn from them about their problems and later to discuss with them their reactions to potential ways to improve how they feed their children.

The guide for the workshop was "Research to Design Education Aimed at Improving Young Child Feeding: A Guide for Program Managers and Field Investigators of Diarrheal Disease Control Programs." Each participant had a copy of this guide and the agenda and flow of the workshop followed the protocol laid out in the guide. The overall agenda is on the next page. Following is a brief description of what was covered each day. Detailed agendas are in Appendix D. All workshop handouts are in Appendix E. The daily descriptions refer to the handouts by number (HO #1). A full workshop report was drafted with the PRITECH staff, who agreed to finalize and distribute it to all participants.

Day 1: The morning was dedicated to formalities and introductions plus the presentation I made on a social marketing experience in Indonesia that illustrated: 1) the importance of formative research to the design of appropriate and effective nutrition education messages, and 2) the point that good education can change practices and that those changes are associated with improvements in nutritional status.

In addition to the participants, many health and nutrition professionals attended this presentation. The feasibility of implementing this methodology in Pakistan was questioned by many present.

In the afternoon the workshop got under way with an explanation of a) the social marketing process (HO #1), b) the role that formative or qualitative research plays in the process, and c) the steps that one goes through to examine child feeding practices in a way that is meaningful for project design (HO #2). Next to each of the formative research steps was the time required under project conditions and the time we would spend in the workshop. To reinforce the difference between what we were doing in the workshop and what would occur normally, we reviewed the list every morning and at the end of each day to reinforce the differences and to remind the participants of the place of the immediate task in the overall scheme.

Finally on the first day, I summarized what I felt was known about child feeding practices (HO #3) from my review of the literature (Appendix D). Together, we completed the list and identified the areas that would be important to investigate.

Day Two: In the morning we reviewed the topics that the group felt would be priorities for an investigation. We then reviewed the procedure for organizing the depth household interviews and observations and went on to discuss theoretically how we would select the sample if we wanted a view of feeding practices in the entire country. For this exercise we considered some general demographic trends (HO #4) and then broke into discussion groups. The plans that were presented were excellent, and in fact the participants devised a sampling plan that can be used if this research were implemented. We then discussed how to recruit/select households (HO #5, #6). Finally, we discussed the field work scheduled for day 3 and the need to have some question guides. Draft guides were distributed to the participants and then in working groups the guides were refined. At the end of the day, we reviewed interviewing skills and the need to observe and listen in the home was stressed.

Day Three: In the morning, the revised question guides were distributed (HO #7) and the participants were given their field assignments. Due to language requirements the participants worked in pairs. The women divided themselves among the two communities. One team of men went to interview fathers and the rest of the men

went to the hospital to interview mothers. Each interviewer pair tried to go to two households.

In the afternoon, we initiated the discussion with general impressions of the fieldwork. Overall participants were extremely positive, with many expressing their amazement at how easy it was to talk to the mothers and how open they seemed. Apparently many women mentioned wanting family planning services, which surprised many interviewers. Some participants, however, felt mothers were not always saying the truth, and other participants were worried that we might be raising expectations in some households (we planned to carry both information and a gift on the return visit).

Following this discussion, we began to analyze the interviews. This was a two-step process that carried over to the next day. The first step is to review each guide and make a summary. The summary sheet consists of points to be noted by looking at two or more pieces of information collected during the household interview/observation. For example, the ratio of adult female "child caretakers" to children under five years or mothers hours away from home and child feeding frequency.

After each team had reviewed their guides and completed the summary sheets, all guides and summary sheets were collected and the participants divided into analysis teams with one team taking family characteristics, (Guides 1-3), another taking child feeding (Guides 4-6), and another child health and information sources (Guides 7-9). The team that interviewed fathers analyzed these interviews. To assist in this exercise, some tally sheets were prepared that structured the analysis generally along the lines of looking for differences between well and undernourished children. The analysis teams, though, were encouraged to pursue their own questions in the analysis.

Day Four: This day began with the analysis groups finishing their work and presenting their findings to the group. The presentations of what was learned during the discussions with mothers are in Appendix F. Even this brief glimpse into homes and the thoughts of mothers proved useful and gave many participants new insights into some major child feeding problems such as the use of fluids for prelacteal feeding, the almost complete absence of "weaning" foods (thus a delay in the introduction of foods), and the small quantity of food fed to the child.

In order to assess the benefit or harm of the feeding practices that were observed from this abbreviated exercise, we evaluated them in light of "ideal" feeding practices and nutrient requirements for young children (HO #9 and #10). For pre-determined age groups, participants compared "ideal" and "real" practices to identify what changes could be most beneficial. In addition to this determination, participants were asked to list potential resistances mothers might have to

changing the existing practice and to think about potential motivators (HO #11).

Once the most important practice changes were identified, along with their resistances and motivators, the participants were given some draft guides for their return visit to the households they had already visited (HO #12). In this second visit, they were asked to discuss the new or modified practices with the mothers and to note her reaction. Most of the afternoon was devoted to this second visit. In the evening they completed the summary sheets for these visits (HO #12).

Day 5: In the morning, we tabulated and summarized the results of the trials. To provide a feeling for the type of information this yielded, below are some highlights from this session:

Mothers with infants 0-6 months old:

- Six mothers were asked if they would be willing to breastfeed immediately after birth and not to use or decrease ghuti feeds - all accepted the idea, recognizing that it was for the baby's health.

- Four mothers were asked if they would breastfeed exclusively for the first four months. One mother agreed to try this (stop the bottle) because she had a lot of breastmilk. While the other three mothers agreed to increase breastfeeding frequency, they said they also would continue with the bottle. One of these mothers was not convinced about increasing breastfeeding frequency until she was told that she, herself, should eat more food.

Mothers with infants 7-12 months old:

- Both of the children in this age group were ill. Mothers were asked to feed their children: to give more frequent feedings (mothers were feeding once a day). One mother (with a relatively well nourished child) was willing to try. The mother with a 12 month-old who was sickly said it was impossible as her child refused to eat.

Mothers with children 13-24 months old:

- Five mothers were asked to try to increase the amount of roti they offer. One mother who was already feeding her child well felt that she could not give any more food. Two other mothers agreed to try when they were told they could use family food and that it could be an additional meal, not more food at one meal. The remaining two mothers refused. They said their children simply could not eat more than they were already eating.

Because time was extremely limited we followed the presentation of the trial results with a brief discussion of how this type of result would be used to design an educational program. This led into a discussion of how participants would use what they had learned in the workshop in their work. Briefly, the result of this exercise was:

1. All participants felt that the "new" concepts in child feeding to which they were exposed could be applied immediately to training and educational activities.

2. About half of the participants indicated an intent to incorporate something of the research process in their work, and about one third showed interest in participating in a further research study.

Those participants who felt that they would apply the research process directly were those doing community work. They stated a new appreciation for the importance of working with their clients to develop their educational materials. Among these groups were PVHNA, Adult Basic Education Society, Aga Khan Medical College, Christian Development Group, NGO-CC, Children's Hospital Islamabad, Pakistan Medical Research Council (Peshawar), UNICEF, NIH.

The participants who were anxious to carry the research a step further and embark on a more ambitious research plan, were a subset of the above. They were: PVHNA (would like to establish a Research Cell), NGO-CC, UNICEF and NIH.

At the end of the workshop, there was an agreement that the NGO-CC, PVHNA and the Nutrition Cell of the Ministry of Planning would communicate about a follow-up activity that would allow the interested participants to undertake the research to help establish an appropriate program to improve young child feeding in Pakistan. Following this, the workshop was closed.

Overall, the workshop seemed to be a success. The evaluation papers that everyone completed (HO #13) indicated that they had learned both about nutrition and research techniques and that they felt the workshop was useful. The participants were unhappy with the quick pace and the work load imposed (many days were from 8:00-18:00 with reading at night).

3. Plans For Workshop Follow-up.

After the workshop, meetings were held at USAID, the Nutrition Cell of the Ministry of Planning, PVHNA and the NGO-CC in an attempt to find a mechanism for how to initiate the real research activity. The need for such research is evident as most of the education materials are produced without the benefit of consumer research and therefore often are inappropriate for the audience and do not address the major problems of most nutritional consequence. In addition there is little message

consistency across materials.

If the research is to be conducted in a way that is useful to designing a national education program, it should have a national sample. The sample that was drawn in the workshop would be suitable. It calls for seven sites: in the rural areas - a high mountain site, an arid area and a fertile area site; and in the urban areas, a middle/lower income site, a peri-urban "village" site, a katchiabadis, and a planned settlement site in low income areas.

The proposed plan for undertaking this would be for the NGO-CC to coordinate the work in collaboration with the Nutrition Cell of the Ministry of Planning. A proposal for funding would be developed jointly by the NGO-CC, Ministry of Planning, and if time permits a member of the PRITECH staff. The proposal would outline the steps and the necessary requirements. It is likely that the research will need to be divided among principal investigators for the different areas of the country. Three participants in the workshop are interested and would make good research coordinators. They are: Dr. Akhtar, Dr. Badruddin and Ms. Aysha. I agreed with Begum Zubair to review any proposal that is drafted.

4. Child Feeding Protocol.

For the Primary Health Care Project, simple "protocols" are being developed as reference guides for health center physicians and nurses. They are basically treatment guides and exist at this moment in various stages of detail; they lack what will eventually be needed, which is a procedure for looking at an individual that will unify the diagnostic and treatment protocols.

A protocol for nutrition had been worked on, but it seemed uneven and very different from the other protocols (see Appendix G). Using what we learned in the workshop and what I could glean from my readings, I wrote another version (see Appendix G, Nutrition Guidelines). These guidelines offer a few questions to help a practitioner begin to isolate a nutritional problem. The last pages offer some guidance for counseling in a way that is segmented both by the age of the child and by whether or not the child is well and growing (gaining weight), of low weight or recovering from illness, or ill and extremely undernourished. If weight gain information is not available to the practitioner, then determinations about how to counsel would be less precise. The idea is that just as in diarrhea or ARI treatment, there are precautions that mothers should know even if their child is well, is becoming ill, has just recovered, or is in an acute/dangerous stage. The counseling messages in each column are a best guess at appropriate advice, but they could benefit from more formative research different socioeconomic settings. In addition, I suggest that before they are distributed, these guidelines be tested and refined over a 2-3 month period at three health centers. These guidelines were left with the Mission. Again, I offered to work more on the guidelines once there are comments.

OBSERVATIONS

The need is great for a strong nutrition education program as envisioned by Dr. Sanghvi. The early onset of diarrheal disease and the resulting growth failure seems to be linked directly with the prevalent and frequent use of ghuti and supplemental fluids from even before the initiation of breastfeeding. Then the daily introduction or the introduction of inappropriate weaning foods makes a dismal profile for child feeding even in the first seven months.

The potential for mounting a nutrition education and training effort seems to be present, although I was unable to travel to any of the provinces or to get a feeling for the health center system. However, even with the limited resources that are available, it seems likely that by combining both government and private sector talent, substantial and innovative programs could be working in three or four years.

The key to the nutrition work, at least the nutrition education component, should be some sound qualitative research that is formative in nature (offering guidance for program planning). I feel that a team can be put together, a protocol designed, and the work accomplished in about 6-9 months, depending on the strength of the coordinating unit and the amount of time that people could dedicate to the effort. Some technical assistance would be appropriate, as qualitative research skills are not well developed. But this could be kept to a minimum if several good researchers could be recruited. Once the research is complete, the task will be to design the communication strategy, a step the Health Education Unit could oversee, and then to contract for the materials production. Once the materials are produced, a program manager will need to be located in an appropriate agency to coordinate training and the dissemination of materials through government channels, through the NGO, networks and to appropriate private sector outlets. It is a large order, but needed, and it seems feasible to accomplish.

APPENDIX A

PERSONS CONTACTED

APPENDIX A: PERSONS CONTACTED (Other than workshop participants)

Government of Pakistan

Planning Commission
Dr. Mushtaq A. Khan, Chief Nutrition Section

Ministry of Health

Mr. Sattar Chaudhry, Chief, Health Education

Children's Hospital, Islamabad

Prof. Dr. Mushtaq Khan, Pediatrician
Prof. Dr. Kwaja Abbas, Pediatrician

UNICEF

Dr. Pirkko Heinonen, Programme Officer, Health and Nutrition
Dr. Rik Pepperkorn, JPO, ARI Program
Mr. Shamshad Qureshi, Lahore Office, Health and Nutrition
Mrs. Luann Martin, consultant, Breastfeeding Program

ODA

Peter Godwin, Nutrition Advisor to NIH

CIDA

Bob Karam, Communications Cell, NIH
Michel Plante, Communications Cell, NIH

USAID

Dr. Ray Martin, Chief, Health, Population and Nutrition (HPN) Office
Ms. Anne Arness, Deputy Director, HPN Office
Ms. Heather Goldman, Health Advisor, HPN Office
Dr. Tara Upreti, Consultant in Training, Primary Health Project
Dr. Rushalpavji, Primary Health Care Project
Ms. Dotty Bazos, Project Assistant, HPN

PRITECH

Ms. Lucia Ferraz-Tabor, Country Representative
and Abida, Sofia, Shafat, Faquir and Anna

Others

Dr. Jillian Burton, Physician for Christian bastis in France Colony.
Tom Millroy, WHO consultant, AIDS Program
Steve Rasmusson, Aga Khan Health Services, Gilgit
Derrick and Patrice Jelliffe, consultants, Breastfeeding Seminars
Audrey Naylor, consultant, Breastfeeding Management
Fred Zerfas, consultant, National Nutrition Survey, NIH

APPENDIX B

DOCUMENTS REVIEWED

Appendix B: Documents Reviewed

Aga Khan Foundation/UNICEF. Handbook for Lady Health Visitors.

Alderman, H., M. G. Chandhury, M. Garcia. Household Food Security in Pakistan with Reference to the Ration Shop System, IFPRI and Pakistan Institute of Development Economics, 1987.

Baumslag, N. Infant Feeding Practices in ANE, mimeographed report to ANG/TR/HPN, 1988.

CIDA. Health in Pakistan, 1988.

Ferraz-Tabor, Lucia. Summary of Knowledge, Attitudes and Performance Studies Related to Child Survival. Mimeographed report, PRITECH Office, Islamabad, n.d.

Government of Pakistan/WHO-UNICEF. Plan of Operations for the Joint Nutrition Support Programme (1986-1988). 1986.

Interflow Communications Ltd. Pakistan and Media FACTBOOK, n.d.

Khan, Mushtaq A. Infantile Diarrhea: A Manual for Medical Practitioners. National Institute of Child Health, Karachi, 1983.

Khan, T. and S. Qureshi. Breastfeeding Practices and Its Correlates in Pakistan. National Research Institute of Fertility Control. 1986.

Lambert, Julian. The Nutritional Status of Women and Children in Pakistan, UNICEF, 1983.

Lambert, J. "Pakistan: Update on Breastfeeding," Mothers and Children, 1988.

Lambert, J. The Determinants of Malnutrition, mimeographed sheet, n.d.

Lambert, J. Mansehra Nutrition Survey, UNICEF, 1984.

Ministry of Health, Special Education and Social Welfare, Health Division. Primary Health Care Project Health Technicians Training Guide, Book II, 1988.

Nasveen, Mahmooda and Richard Johnson. Mother and Child Health Care Benefits and Practices: Aghberg and Piralizai Clusters, 1981.

Planning Development Division, GOP. Diarrheal Disorders and Feeding Practices in Pakistan, 1984.

Primary Health Care Project. Pakistan Review, 1988.

Sanghvi, Dr. Tina, Nutrition and Infant Feeding in Pakistan: Recommendations for a USAID Child Survival Project, 1988.

Westinghouse Health System and Ministry of Health, Special Education and Social Welfare. Pakistan Baseline Status Survey Primary Health Care Project, 1984.

WHO. Briefing on Pakistan, n.d.

APPENDIX C

WORKSHOP PARTICIPANTS

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING
DECEMBER 4-8, 1988

LIST OF PARTICIPANTS

NAME	POSITION	NAME/ADDRESS/PHONE OF ORGANIZATION
Begum Zeba Zubair	Chairman, PVHNA Chairperson, NGOCC	Pakistan Voluntary Health & Nutrition Association, (PVHNA) 179-E, P.E.C.H.S. Karachi
Begum Sarah Nasim	General Secretary Hon. Project Director	PVHNA
Ms. Seema Siddiqui	Lecturer	PVHNA, Training Academy Karachi
Ms. Nighat Raza	Project Officer	PVHNA Karachi
Mr. Rafique Ahmed	Hon. Treasurer	Sind Maternity & Child Welfare Association, PVHNA, P.O.Box: 14 MIRPUR KHAS
Mr. Sajid Jafri	Senior Program Officer	NGO's Coordinating Council, for Population Welfare, 142/A, S.M.H.S Karachi, Ph: 435648, 446242
Dr. Naseem Jawaid	Doctor	Family Welfare Co-operative Society, Lahore
Mrs. Atia Faiz	Chairperson	APWA, 65 Jail Road Lahore 410373
Ms. Nasreen Mazhar	Sectional Secretary	Population Welfare Programme APWA, NHO
Dr.Salma Badruddin	Nutritionist	Aga Khan Medical College P.O. Box 350?, Karachi 420051 ex 2717 2709
Mrs. Rehmat Rahimtullah	SRN,SCM,H.V.F.P	Aga Khan Health Services, Pakistan. Community Health Division, A-2, Noor Bagh Violet Street, Garden East Karachi 2411141

713929

Mrs. Riffat Aysha	Senior Scientific Officer	National Institute of Health Islamabad 827965
Mr. S.A. Khan	Hon. Secretary Chairman Advisory Committee, PVHNA	Sind TB Association MIR PUR KHAS
Ms. Sarah Jillani	Research Associate	NIPS House No.70, St. 8 F 8/3 Islamabad 853276
Dr. Tasleem Akhtar	~~Director General~~ Research Director	PMRC, Khyber Medical College Peshawar 41395
Dr. Rushna Ravji	Public Health Physician	USAID/HPN Islamabad
Mr. Vincent A.David	Director	Adult Basic Education Society, (ABES) Gujranwala
Ms. Naumana Anjum	Lecturer	Deptt. of Women's Education Allama Iqbal Open University Islamabad (855294)
Mr. Shamshad Quereshi	Program Officer	UNICEF, 8-A, Ali Blk, New Garden Town Lahore 863227/863142
Mrs. Surraya Khan	LHV	Center for Developtment & Population Activities (CEDPA), BEHBUD, Tipo Rd.,RWP
Mr.Shohmeat Robin	Nurse	St. Thomas Community Health Centers House 44, St. 27 F 6/2, Islamabad
Ms. Janice Friso	Reg. Nurse	" " "
Mr. M.Aslam Shaheen	Research Officer	Nutrition Section P&D Ph. 857836, 857837 Engg. Bldg, G-8/1, IBD
Mr. Raja M. Yusuf	Field Officer	Child Survival Project Children's Hospital, Islamabad
Mr. M.Ahsan Ashraf	Training Officer	NIH/CIDA Communication Project, NIH, Islamabad Ph: 828892, 814961
Ms. Hamida Baluch	Community Develop. Officer	Baluchistan Integrated Area Development (BIAD) Zargon Road Quetta

APPENDIX D

WORKSHOP AGENDA

AGENDA

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

4 DEC. SUNDAY

- Opening Remarks
- Introduction of Participants and Organizations
- Presentation on Social Marketing:
  The Indonesia Experience
- Introduction to the Research Methodology
- Defining the Problem:
  Review of Existing Information

5 DEC. MONDAY

- Review of Methodology
- Preparation for Household Interviews and Observations
  - Sample Selection
  - Preparation of Question and Observation Guides
- Review of Interviewing and Observation Skills

6 DEC. TUESDAY

- Field Work
- Summary and Analysis of Field Work
- Discussion of Feeding Pattern and Problem Areas

7 DEC. WEDNESDAY

- Selection of Potential Solutions
- Preparation for Testing Solutions
- Field Work
- Summary and Analysis of Field Work

8 DEC. THURSDAY

- Refinement of Problem Areas and Potential Solutions
- Discussion of Follow-up Required to Use Research Methodology
- Closing Remarks

AGENDA

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

4 DECEMBER - SUNDAY

8:30 - 9:00	Inaugural Session	**Begum Sara Nasim, Chairwoman**
	Prayer	
	Welcome	Lucia Ferraz-Tabor The PRITECH Project, USAID
	Remarks	Begum Zeba Zubair, PVHNA
9:00 - 11:15	Introduction of Participants/Review of Organizational Capabilities	Participants
11:15 - 11:45	Tea	
11:45-13:00	Presentation on Social Marketing: The Indonesia Experience	Dr. Marcia Griffiths
13:00-14:0	Lunch	
14:00-14:45	Introduction to the Research Methodology	Dr. Marcia Griffiths
14:45-15:15	Defining the Problem: Trends in Child Feeding	Dr. Marcia Griffiths
15:15-16:00	Assumptions and Unknowns about Feeding Problems	Participants Work Groups
16:00-17:00	Listing of Major Problems and Research Questions	Participants/ Plenary

Evening Assignment: Read pages 3-36 in Manual

AGENDA

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

5 DECEMBER - MONDAY

8:00- 8:45	Overview of Procedure for Household Depth Interviews and Observations	Dr. Marcia Griffiths
8:45-10:15	Selecting the Sample: Practice Selecting National Sample	Participants Work Groups and Plenary
10:15-11:00	Selecting Households	Dr. Marcia Griffiths and Participants
11:00-11:20	Tea	
11:20-12:00	Discussion of Field Work on Tuesday: Preparation of Question and Observation Guides	Dr. Marcia Griffiths and Mrs. Abida Aziz
12:00-13:00	Preparation of Guides	Participants/ Work Groups
13:00-14:00	Lunch	
14:00-14:30	Continue Work on the Guides	
14:30-15:15	Review of Interviewing and Observation Skills	Mrs. Abida Aziz and Dr. Marcia Griffiths
15:15-16:30	Practice with Guides	Participants
16:30-17:30	Refine Guides Receive Investigation Assignments for Tuesday	Participants/ Work Groups

Evening Assignment: Review pages 26-36 in the Manual

AGENDA

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

6 DECEMBER - TUESDAY

8:00- 8:30	Review Question Guides	Dr. Marcia Griffitha and Participants
8:30-13:00	Field Work	Participants
13:00-14:00	Lunch	
14:00-14:45	Introduction to Information Analysis	Dr. Marcia Griffiths
14:45-16:45	Analysis	Participants/ Working Groups
16:45-17:30	Discussion of Results and Major Feeding Problems	Participants/ Plenary

Evening Assignment: Read pages 39-56 in the Manual

AGENDA

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

7 DECEMBER - WEDNESDAY

8:00-9:00	Continue Discussion of Feeding Problems	Participants/ Plenary
Handout) Potential changes 9:00- 9:45	Introduction to Formulating Changes in Practice	Dr. Marcia Griffiths
9:45-10:30	Formulation of Potential Practice Changes	Participants/ Work Groups
Handout) Guides 10:30-11:00	Discussion of Changes and How to Draft Guides for Household Trials	Dr. Marcia Griffiths and Participants
11:00-11:20	Tea	
11:20-13:00	Prepare for Field Work - Draft Guides	Participants/ Work Groups
13:00-13:30	Lunch	
13:30-16:30	Field Work	Participants
Handout) Analysis Plan. 16:30-17:00	Preparation for Analysis of Household Trials	Dr. Marcia Griffiths
17:00-18:00	Analysis	Participants/ Work Groups

Evening Assignment: Complete Analysis

AGENDA

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

8 DECEMBER - THURSDAY

8:00- 9:00	Continue Analysis of Houshold Trials	Participants/ Work Groups
9:00-10:30	Presentation of Results	Participants/ Plenary
10:30-11:00	Summary	Dr. Marcia Griffiths and Participants
11:00-11:20	Tea	
11:20-12:30	Use of Research Results in Program Formulation	Dr. Marcia Griffiths
12:30-13:30	Lunch	
13:30-14:30	Formulation of Plans to Implement Workshop Lessons	Participants
14:30-15:30	Discussion of Follow-up	Participants/ Plenary
15:30-16:00	Closing Session	

APPENDIX E

WORKSHOP HANDOUTS

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING
YOUNG CHILD FEEDING
December 4-8, 1988

SOCIAL MARKETING PROCESS

1. Strategy Development

   - o Objectives
   - o Target Audience Identity
   - o Resistance Resolution Opportunities
   - o Change Agent Profile
   - o Media Patterns

2. Strategy Formulation

   - o Target Audiences and Segments
   - o "Products"
   - o Message Tone and Content
   - o Media and Materials
   - o Additional Research

3. Strategy Implementation

   - o Prototype Products
   - o Prototype Messages
   - o Roughs of Media Materials
   - o Pretest Messages/Materials
   - o Media Plan
   - o Promotional/Publicity Plan
   - o Train "Sales Forces"
   - o Program Launch

4. Strategy Assessment

   - o Process Monitoring
   - o Introduce Improvements
   - o Message Monitoring
   - o Quantitative KAP Survey
     Baseline, Follow-up

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

December 4-8, 1988

RESEARCH PROCESS

STEPS	IMPLEMENTATION PROJECT	WORKSHOP
1. Review of Existing Literature	Total: 3-4 wks	
- Review Documents	2 wks	Done ahead of time
- Conduct Discussions	1 wk	Work Groups
- Write Background Document	3 wks	Not done
2. Conduct Household Depth Interviews	Total: 12 wks	
- Hire Research Director	2-3 wks	Not done (Dr.Griffiths)
- Select Field Team	2 wks	Not done (Participants)
- Determine Sample	1 wk	Work Groups/ Discussion
- Recruit Households	3 wks	Done ahead of time
- Prepare Guides	2-3 wks	Half day
- Train Field Team	1 wk	Brief Session
- Draft Field Plan	1 wk	Done ahead of time
- Carry out Field Work	4-5 wks	Half day
- Analyze Information	6 wks	Half day
- Write Report	4 wks	Not done
3. Conduct Household Trials	Total: 8 wks	
- Develop Recommendations	2 wks	Half day
- Develop Discussion Guides	1-2 wks	Half day
- Train Field Team	1 wk	Brief Session
- Implement Trials	2-3 wks	Half day
- Analyze Results	3 wks	Half day
- Write Report	2 wks	Not done
4. Conduct Focus Group Discussions	Total: 7-8 wks	Not done
5. Final Assessment Synthesis	Total: 5 wks	
- Review All Information	4 wks	Half day
- Write Final Report	4 wks	Not done
Total Time:	7 Months	1 Week

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING
December 4-8, 1988

GENERAL SUMMARY OF RESEARCH STUDIES

TREND	WHAT IS ASSUMED/ KNOWN	QUESTIONS
1. Prelacteal or early feed	Usually sweet liquid and herbs or ghee Done to clean intestines	Don't know if ritual or continued feeding
2. Colostrum usually discarded	Thought to be dirty, stale, heavy, thick	Influence of Dai Strength of resistance
3. Breastfeeding not initiated immediately, often only by 3rd day	Reasons unclear - No milk, illness	Influence of Dai Support of family members
4. Period of exclusive breastfeeding short especially in semi-urban/urban areas	Women list many breastfeeding problems Insufficient milk	Support of family members Level of other resistances: loss of "freedom", lack of confidence, feeling of being busy Actual breastfeeding practices (both breasts, duration of each feed)

5. Liquid supplementation begun in first month	Water often given in rural areas and water and milks/ bottle in more urban areas Necessary for good health	Mode of feeding "Culture" of liquid feeds - Properties of different supplements
6. "Solid" food introduction varies - in best situation is late (6-9 months) although often 9-12 months	Seems to be a fear of food causing problems	Variation by situation - General patterns View of child development (ages vs stages)
7. Food Variety Low-- Most common foods are biscuits and breads (chappati, nan)	Influence of "hot"/ "cold"and "light"/ system heavy" belief system	Frequency of feeding Dilution of feeds Content of feeds Quantity Giving "adult" diet
8. Feeding during illness (diarrhea) seems poor - often withdrawl of food	Child doesn't want to eat Mother fearful of effects	Variation by illness Feeding during recuperation
9. Strongest influence on child feeding seems to be other family members, dai and doctor (esp. as relates to breastfeeding)	Access to health services low Utilization of government services poor Doctor prestige high	Who has most potential to influence Role of child's father Opinion about new advice

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING
December 4-8, 1988

GENERAL SUMMARY OF RESEARCH STUDIES

(REVISED)

TREND	WHAT IS ASSUMED/ KNOWN	QUESTIONS
1. Prelacteal or early feed	Usually sweet liquid and herbs, ghee Done to clean intestines Fed by finger - few drops 1-3/days Brings good fortune	Don't know if ritual or continued feeding Who gives advice Is advice on breastfeeding given in antenatal period
2. Colostrum usually discarded	Thought to be dirty, stale, heavy, thick No positive support from health professionals think it is not necessary	Influence of Dai/ Elder Women Strength of resistance (digestion, custom, tradition...)
3. Breastfeeding not initiated immediately (child not put to breast until 3rd day)	Reasons unclear - Say no milk, illness Urban areas - doctors do not encourage	Influence of Dai Support of family members Characteristics of milk Knowledge of sucking

4. Period of exclusive breastfeeding short especially in semi-urban/urban areas	Women list many breast-feeding problems Insufficient milk Influence of frequent pregnancy	Support of family members (lack of cooperation) Level of other resistances: loss of "freedom", lack of confidence, feeling of being busy, loss of figure Actual breastfeeding practices (both breasts, duration of each feed) Role of father, who buys milk?
5. Liquid supplementation begun in first month	Water (often sweetened) given in rural areas and water & milks/ bottle in more urban areas especially in winter Mothers think necessary for good health Health professionals encourage this	Mode of feeding - gauze, bottle, hand ... and Properties and "culture" of different supplements - Opium giving
6. "Solid" food introduction varies - in best situation is late (6-9 months) although often 9-12 months	Seems to be a fear of food causing problems Have no orientation	Variation by situation - View of child development (ages vs stages - teeth, sit up)

7. Food Variety Low -- Most common foods are biscuits, breads (chappati/nan), rice preparations	Influence of "hot"/ "cold" and "light"/ "heavy" belief system SES may make a difference	Mode of feeding Frequnecy of feeding Dilution of feeds Content of feeds Quantity Giving "adult" diet (relation to family's food) "Snacks"
8. Feeding during illness (diarrhoea) seems poor - often withdrawal of food	Child doesn't want to eat Mother fearful of effects Lack of information	Source of advice Variation by illness Feeding during recuperation What should be fed Who is responsible Role of food hygiene
9. Strongest influence on child feeding seems to be other family members, Dai and doctor (esp. as relates to breastfeeding	Access to health services low Utilization of govt services poor Doctor prestige high	Who was most potential to influence (mullah) Role of father Role of elderly woman Opinion about new advice Why not using govt facilities Ability to "control" health

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING
December 4-8, 1988

SAMPLE SELECTION CONSIDERATIONS: PAKISTAN

- Geographic Regions:

  Mountainous belt - Northern Areas and Northern NWFP
  Baluchistan plateau
  Indus River Basin - Areas of Punjab and Sind
  Desert - Areas of Sind

- Political Divisions:

	Population (000)	% Total Population	% Urban
Punjab	47,292	56.3	27.6
Sind	19,029	22.7	43.3
NWFP	11,061	13.2	15.1
Baluchistan	4,332	5.2	15.6
FATA	2,199	2.6	-

- Rural/Urban Ratio:

  70% rural/30% urban factor in employment, income distribution, access to services.

- Migration:

  Overall migration of population - 11.8%
  33% within province/66% province to province
  Urban growth rate 4-5%/year (have population growth 4-3%/ year)
  Fastest growing cities: Islamabad (11%), Quetta and Gujranwala (7%)
  1 in 10 households has family member living outside Pakistan

- Literacy/Health Care Access/Health Statistics:

  17% in rural areas/47% in urban areas

	% children with normal nutritional status (1986)
Baluchistan	27.2
NWFP	32.7
Sind	36.3
Punjab	49.2

- General Food Patterns:

  Staple: Wheat supplemented with rice (most in Kashmir)
  Other: dairy products
  meat
  dahl

- Major Ethnic Groups

  - Punjabis
  - Sindhis
  - Pathans
  - Baluchis
  - Muhajirs
  - Kashmiris

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING
December 4-8, 1988

SAMPLE SELECTION CONSIDERATIONS: FAMILY LEVEL
(Determinants of Feeding Practices/Malnutrition)

1. Child's Age
2. Child's Morbidity - recent diarrhoeal illness
3. Mothers Education
4. SES: Above Rs.250 rural and Rs.500 urban
5. Number of children under 5 years
6. Husbands occupation: agriculturalist vs. other

SAMPLE RECRUITMENT SHEET

HOUSEHOLD INTERVIEWS

Greetings. I am _____ from _____.
We are working on a project on family health and would like to speak with families with young children.

1. Do you have a child less than 2 years old ?

Yes [ ] No [ ]

If no, politely excuse yourself

If yes,

How old is your child ? _____ months

Do you know your child's birthdate or have a paper where it is written ?
Birthdate _____

Confirmed Yes [ ] No [ ]

2. Has your child been ill in the past two weeks -- that is, with an illness such as cough, runny nose, or diarrhea ?

Yes [ ] No [ ]

If yes,

Is your child generally healthy ?

Yes [ ] No [ ] Problem:
_____

If no,

What is the problem ?

_____

Apart from this, is your child generally healthy ?

Yes [ ] No [ ]

Problem:

_____

Recruiter's Opinion:

Healthy [ ] Not Healthy [ ]

Recruiter's Opinion:

Healthy [ ] Not Healthy [ ]

3. We would like your permission to return in about one week to talk to you. Do you agree with this ?

Yes [ ] No [ ]

If yes,

what is the child's name ?

_____

what is the name of the mother of the child

_____

what is the name of the father of the child ?

_____

Is there a landmark nearby to identify the house ?

_____

Are there any times when you (mother) are not at home ?

_____

If no, thank the person for her/his time

Recruiter: Note well how to identify this house again

Any important features to note about family ? (absence of mother ....)

HO = 7 Question Guides
# 8 Summary Sheets.

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

QUESTIONS AND OBSERVATION GUIDES

(X) For Family Interviews with Mother in Home

Guide 1: Family and Child Characteristics

Guide 2: Daily Activities of the Mother

Guide 3: Food Availability

Guide 4: Breastfeeding and Child Feeding

Guide 5: 24-Hour Food Recall

Guide 6: Meal Preparation and Feeding Observations

Guide 7: Child Health/Illness and Growth

Guide 8: Source of Information

Guide 9: Household Hygiene and Possessions

For Interviews with Father

Guide 1: Family and Child Characteristics

Guide 10: Fathers

Guide 8: Source of Information

Guide 9: Household Hygiene and Possessions

For Interviews with Mothers at Clinic

Guide 1: Family and Child Characteristics

Guide 2: Daily Activities of the Mother

Guide 4: Breastfeeding and Child Feeding

Guide 5: 24-Hour Food Recall

Guide 7: Child Health/Illness and Growth

Guide 8: Source of Information

Guide 1: Family and Child Characteristics

1. Father's name : _____

   age : _____

   education : _____

   Profession _____

2. Mother's name : _____

   age : _____

   education : _____

3. Child's name : _____

   Child's birth date : _____

   [ ] confirmed with birth certificate

   [ ] matches recruitment sheet

   from recruitment sheet well [ ]

   ill [ ]

   opinion today well [ ]

   ill [ ]

4. Who are the other people in the household:

Relation to Child	Sex	Age

5. How many births have you had ? _____

How many children have you lost ? _____

What was the cause of death of the young children ?

---

6. If the family is a nuclear family, are other family members living in an adjacent house ? Who are they ?

6. Who is primarily responsible for the care of the child ?

7. Who assists with the care of the child ?

Guide 1: Summary Sheet

How many children under 5 in the family: _____

How many children under 2: _____ (including reference child)

How many children born to the mother have died: ___

What is the adult female (15 years and older) to child (less than 5) ratio: _____

Is there an extended family "support" network: _____

Guide 2: Mother's Activity

1. Discuss with the mother a typical day for her; how she spends her time. If she has trouble answering, ask her about today: what she will do and then refer to days in the past - what she did, from when she wakes up to when she sleeps at night.

Time	Activity	In Home	Out	For remuneration	Takes Child if outside home	Leaves Child/ with whom

2. If she leaves her child with another person, what is opinion about the care her child receives ?

Ask the mother to specifify what is good and what is bad ?

---

3. What is the mother's perception about how hard she is working or or how busy she is ? For example, in comparison to her neighbors, does she think her work is heavier or more time consuming ? _____

_____

Other comparison ? _____

Guide 2: SUMMARY SHEET

Total hours mother spends in activity/work: _____

% spent on remunerated labor: _____

Outside home more than 4 hours consecutively: _____

% time spent in presence of child: _____

% time assisted with child care: _____

No. time prepared food/day: _____

No. times eats/day: _____

No. times feeds child/day: breastfeeding: _____

Other: _____

Guide 3: Food Availability

1. Does the family have any land where food is produced for the family ?

If yes, what is produced ?	Available now Yes	No
_____	[ ]	[ ]
_____	[ ]	[ ]
_____	[ ]	[ ]
_____	[ ]	[ ]

2. Does the family have any animals which are used or produce for the family ?

If yes, what is produced ?	Available now Yes	No
_____	[ ]	[ ]
_____	[ ]	[ ]
_____	[ ]	[ ]
_____	[ ]	[ ]

3. What do you usually have in your house ? What is available at the moment in the home ?

Usual Product	How much	Have at the moment

Will anything by purchased today ? What ?

Guide 3: SUMMARY SHEET

Do food stores or what is available to the home seem:

Adequate: _____

Modest: _____

Very inadequate: _____

Is this family dependent on a cash income for food? _____

Guide 4: Child feeding Practices

Unless the question asks for the mother's general knowledge or attitude, discuss with her about how she fed/feeds the reference child.

1. During the first hours after the child's birth what was given to the child? Who did it/recommended it? and why?

What given	Recommended by Whom	Done by Whom	Why

2. During the first days (1 week) what was done/given to the child?

Who recommended it ? _____

Why ? _____

_____

Day	Done	What Given	Recommended by Whom	Why

2.a. If breastmilk has not been mentioned:

Did the mother breastfeed?

If Yes, when did she first put the baby to the breast?

_____

Why ? _____

2.b. When did she first have milk ?

_____

Did she give the first milk (colostrum)? _____

Why ? _____

Why not? _____

If she expressed some milk, how much was discarded?

_____

If she discarded milk: If she was told by her dai that the first milk was not harmful and should be given, would she try next time?

Why? _____

Why not? _____

2.c. Did the mother go to a doctor, dai or anyone else for consultation while pregnant?

_____

If yes, was she told anything about breastfeeding?

What? _____

2.d. Did any family member tell her anything about breastfeeding either before her child was born or following the birth ?

What? _____

3. After the first few days, but during the mother's chilla what was <u>given</u> to the baby? (Probe: for water, small taste of foods) When was it given? How was it given? How frequently? Who recommended it?

What	When	How	Frequency	Who Recommended

3.A. During this period how frequently did she breastfeed?

did she use both breast each time?

for how long did she breastfeed each time?

3.B. If the mother did not breastfeed through her chilla ask her why she stopped, who recommended it, how she felt about stopping:

_____

_____

3.C. If other liquids/foods are given: What are they, how are they prepared, how are they fed, why are they given.

What	Ingredients	Dilution	Mode of Feeding	Why

4. After the mother's chilla how was the baby fed? (Complete until the child's current age)

	Breastfed	Frequency	Other	Frequency
Until the baby was 2 months				
When the baby was 3-4 months				
When the baby was 5-6 months				
When the baby was 7-8 months				
When the baby was 9-10 months				
When the baby was 11-12 months				

4.A. If breastfeeding is discontinued during this period! Why? Whose idea was it?

_____

_____

4.B. If foods are given: What are they, how are they prepared, how are they fed and why are they given?

What	Ingredients	Dilution	Mode of Feeding	Why

4.C. How did the mother decided when to give her child some food (not liquid)

_____

How should this food be: What are the properties of the food - light, cold ...

_____

_____

Therefore what are the most appropriate foods to give as first foods?

_____

_____

5. After the child completed one her year how was s/he fed?

	Breastfeeding	Frequency	Other	Frequency
13-17 months				
18-24 months				

5.A. Find out what the mother thinks about food quantities:
How much did she give her child?
How much does she think a child can eat?

AGE		Quantity/Meal	Meals/Day
At 13-14 months:	Giving her child		
	Child should be fed		
At 18-19 months:	Giving her child		
	Child should be fed		

6. What is the mother's opinion about how her child is eating?

_____

_____

Are there any problems?

Does the mother feel able to solve them?

If the mother does not mention that her child is a fussy eater; later ask her if she knows of such a child?

_____

_____

Does she believe anything can be done?

_____

_____

Does the mother feel capable of improving her child's health?

YES [ ] NO [ ]

Why?

_____

_____

Why not?

_____

_____

y

Guide 4: SUMMARY SHEET

Breastfeeding Pattern: (Guide 4, 6 & 7)

	Yes	No
- Put child to breast immediately	____	____
- gave colostrum	____	____
- gave no foods in first days	____	____
- breastfed exclusively (no water) for 2 months.	____	____
- breastfed on demand	____	____
- breastfed from both breasts until breasts empty	____	____
- continues breastfeeding during illness	____	____

SCORE [ ]

Perfect pattern: 7 Yes scores

Feeding Pattern: (Guide 4 and 6)

	Yes	No
- mother feeds child semi solids between 4 and 6 months	____	____
- mother feeds her child a mixed diet from 6 months	____	____
- mother feeds child food from family by 10 months	____	____
- mother feeds child or is with child when eating	____	____
- mother encourages child to eat when child loses interest/is distracted	____	____
- mother feeds child with appropriate small spoon	____	____

Guide 4: (Summary Sheet) contd...

-	bottle is <u>not</u> used to feed	____	___
-	mother measures out food and feeds child in appropriate quantities	____	___
-	mother is conscious of hygiene	____	___

SCORE [ ]

Perfect pattern: 7 Yes scores

FOODS/ MONTHS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Colostrum																								
Guti																								
Honey																								
Ghee																								
Gripewater																								
Other Water																								
Breastmilk																								
Other milk:																								
Goat																								
Cow																								
Buffalo																								
Powdered																								
Formula(baby)																								
Chapati																								
Rice																								
Suji																								
Favex																								
Sagodana																								
Dalya																								
Biscuit/Rusk																								
Chori																								
Curd																								
Lassi																								
Khichri																								
Dahl																								
Banana																								
Egg																								
Bhaji																								
Meat																								
Meat Soup																								
Gauze																								
Bottle																								
Spoon																								
Cup																								
Hand																								

Guide 5: 24 Hour Food Recall

1. Ask the mother to describe what her child ate yesterday. To help her remember, ask her when ad how her child was fed in relation to her activities. Remember to ask about:

   - breastfeeding
   - the ingredients in mixed dishes (ghee, meat ...) and whether the child received all the foods in the dish
   - any snacks or small tastes of food the child might have received
   - when possible, ask to see the utensil used to serve or feed the child as well as the plate, bowl or cup in order to assess the quantity of food given and the hygiene
   - Note: Quantity refers to the portion of food the child ate, not th portion served.

Time	Mother's Activity	Child Ate	Ingredients	Quantity

Night feeds: _____

2. Was this a typical day for the child in terms of eating?

YES [ ] NO [ ]

If no, why not?

_____

_____

What was the difference? (Try to understand in exact terms)

3. Ask the mother do describe the food other family members (adults) ate yesterday (Probe about foods that may have been eaten between meals).

TIME	WHAT WAS SERVED	INGREDIENTS

Guide 6: Meal Preparation and Feeding Observations

MEAL PREPARATION: While you were in the home, did the mother prepare food for the family or child?

If yes: What?

Did the mother wash her hands before/during cooking ?

What were the hygienic conditions?

What kind of water was used?

Other observations:

_____

_____

FEEDING: While you were in the home did you observe the mother feeding the child

		1	2	3	4	5
BREASTFEEDING:	Number of times					
	breast (R, L, both)					
	duration/breast					

		1	2	3	4	5
BOTTLE FEEDING:	number of times					
	how much					
	supervised					

hygienic conditions of bottle and nipple: _____

is the bottle/nipple covered when stored: _____

FOODS: What: _____

did the mother and child wash their hands during the visit ? _____

was the child's portion served separately (bowl, plate) ? _____

mode of feeding (hands, spoon, bottle) _____

mother interaction: _____

child interaction: _____

Duration of Observation: _____

Guide 5 & 6: SUMMARY SHEET

	Frequency	Amount
Breastfeeding	_____	_____
Other liquids	_____	_____
Foods	_____	_____
Variety of foods	_____	_____

Relation to Family Food

Only special foods:
Special foods:
Modified family food:
regular family food:
Eats exactly like adult:

Approx. cost of child's food (if special foods bought) Rs._____

Nutrient analysis:

KCl: appears adequate [ ] inadequate [ ] very inadequate [ ]
Protein: appears adequate [ ] inadequate [ ] very inadequate [ ]
Vitamin A: appears adequate [ ] inadequate [ ] very inadequate [ ]

Hygiene: generally clean: _____
hygiene problems: _____
very problematic: _____

Feeding style: Good: _____

Inadequate: _____

Guide 7: Health, Growth and Illness

A. INVESTIGATION OF CURRENT STATE OF HEALTH:

1. How did the mother see the physical condition of the child in the last two weeks? (Insist: the child is sickly, and from what/why?)

_____

_____

2. What has the mother done in these circumstances? (When, why, what medicine, how)

_____

_____

3. INVESTIGATOR: Does the mother seem worried about her child's condition?

_____

_____

4. INVESTIGATOR: What do you see the child's condition to be, in comparison to what the mother has said?

_____

_____

B. INVESTIGATION OF THE CHILD'S GROWTH:

5. Does the mother think her child is growing? Why?

_____

_____

6. If the mother does not mention the weight of the child in question, ask her: AND HIS/HER WEIGHT?

_____

_____

7. According to the mother, how is the child in question growing in comparison to her other children (or in comparison to other children if s/he is the first child)?

_____

_____

_____

8. Does the mother have a Child Growth Card (CGC)?

YES [ ] NO [ ]

C. MORBIDITY/ILLNESS:

9. Has the child suffered from any illness recently (during the last two weeks)?

YES [ ] NO [ ]

WHAT WERE THEY? (Help the mother define the illness, probe about diarrhoea).

THE CAUSE: . (The mother's opinion)

What did the mother do?

What did she give the child to eat/drink during and after s/he became ill? Indicate if she continued to breastfeed the child.

ILLNESS (What the mother calls it)	SYMPTOMS	CAUSE(S)	ACTION TAKEN	EATEN/DRUNK	
				DURING	AFTER

10. If the mother does not mention that the child has had diarrhoea during the last two weeks, ask her if s/he has ever had it?

YES [ ] NO [ ]

_____

_____

_____

11. (IF YES) The last time, how were the bowel movements?

APPEARANCE: _____

ODOR: _____

COLOR: _____

CHILD'S SYMPTOMS: (Fever, appetite, etc.)

_____

_____

_____

What did the mother do about the diarrhoea? (Ask her day by day)

_____

_____

_____

What did the mother give the child to eat/drink (during and after)? Indicate if she continued to breastfeed and probe about quantity and frequency of feeds.

DURING: _____

_____

AFTER: _____

_____

12. In general, what does the mother think can be different causes of diarrnoea? What are their characteristics? How does she treat each type? (treatment, feeding). Does she have experience with all types?

DIARRHOEA CAUSE	TREATMENT	FEEDING

13. If the mother does not mention that the child has had a respiratory infection, ask her if s/he has ever had one, and how was it treated? (treatment, feeding)

_____

_____

14. Find out if the mother's feeding practices changed during her child's respiratory illness. How? Why?

_____

_____

15. What resistances does the mother have to giving her child food <u>during/after</u> an illness?

DURING: _____

_____

_____

AFTER: _____

_____

_____

16. Find out how the mother relates illness to weight, i.e., what changes do you see in your child when s/he is sick? (If the mother does not mention weight, ask her: AND THE CHILD'S WEIGHT?)

_____

_____

_____

Guide 7: SUMMARY SHEET

1. Actual state of health of the child:	Yes (1)	No (0)	DK
active			
eating well			
without diarrhoea			
without respiratory infection			
without other infections			

Score: (highest score = 5) _____

2. Mother's awareness of her child's health:	Yes	No
Investigator and mother's opinion of child's health status same	___	___
mother relates growth and weight gain	___	___
mother relates health and weight	___	___

3. Feeding and illness score:		
during last episode of diarrhoea mother continued to feed	___	___
during other illness mother continues to feed (breastfeed and food)	___	___
mother knows food should be continued during illness	___	___
mother knows additional food should be given following illness	___	___

Guide 8: Sources of Information

1. Does the family have a working radio or TV?

   How frequently do they listen or watch?

   When are they most likely to listen or watch?

   What is their favorite type of program

	Frequency	When in day/night	Favorite Type of Program
RADIO			
T.V.			

   Has the mother ever heard any health or nutrition information on radio or TV?

   If Yes, what was it about?

2. Do any family members of the household go to watch movies or video?

   If Yes, Who? _____

   Where? _____

   How frequently? _____

3. Is there any print material in the house?

   If Yes, What? _____

   Who reads? _____

4. Does the mother or anyone in the house go to community meetings of any kind?

MEETINGS	WHO	FREQUENCY

5. Has the mother ever received any information about how to feed her child, from anyone? (Probe: hakim, chemist, private doctor, health service doctor, nurse, LHV, CHW, mother, mother-in-law, husband, sister ...) What was advice, opinion of advice

WHO	ADVICE	OPINION

Guide 8: SUMMARY SHEET

Media Exposure Score

		Score
Hears TV	everyday	
	occassionally	
Hears Radio	everyday	
	occassionally	
Goes to watch video		
Goes to watch movies		
Has reading material		
One member attends meetings		
More than 1 members attend		

Hight Exposure: 10

Advice Seeking

Family only	
Family + Hakim	
Family + Chemist	
Family + Doctor (Pvt. or Hosp.)	
Family + LHV or CHW	
Other	

Guide 9: Household Possessions and Hygiene

Household

1. Structure: All concrete [ ] partially concrete [ ]
   No concrete [ ]
2. Gate: Iron [ ]
3. Latrine: has within courtyard [ ]
4. Draw floor plan: Label each room

Number of rooms ?

5. Kitchen: has roof [ ]
6. Window/ventilation Yes [ ] No [ ]
7. Keeps animals separate from living quarter Yes [ ] No [ ]

Possessions

	Has	Number	Comment
Large animals:			

Small animals:			

Guide 9 (Contd)

		Has	Number	Comments
Furniture:	Bed			
	Table			
	Shelf empty			
	Shelf with /utensils			
Sewing machine				
Bicycle				
Pictures - framed				
Pictures - unframed				
Medicine bottles				
Radio				
Milk Powder tins				

Clothing of Mother and Child	Yes	No	Comment
Is she wearing clothes appropriate to the weather and are her clothes in a good condition ?			
Is she wearing gold bangles ?			
Is she wearing well-matched clothes ?			
Is the child wearing ready made clothes or just home stitched ?			
Is the child wearing shoes ?			

Hygienic Conditions	Yes	No	Comment
If the house is clean			
If the utensils are clean			
If the mother's hands at the moment of observation are clean			
Where do they get their drinking water ?			

Where do they store drinking water ?

Hygienic conditions of drinking water storage (clean, covered)

If animals are kept: are their feces stored inside the courtyard (to make urea or dung cakes) or are they disposed of ?

Kitchen

The kind of utensils that are used for cooking (steel, ...)

How many utensils are there ? Enough pots to cook separately for the child ?

Kind of fuel used ?

Guide 9: SUMMARY SHEET

Economically: rank of house compared to others in the community:

Upper 25%: _____

Middle 50%: _____

Lower 25%: _____

This house is:

modest structure / modest possessions
modest structure / many possessions
good structure / few possessions
good structure / many possessions

Cleanliness/Hygiene: rank of house overall:

generally clean: _____
Some hygiene problems: _____
major hygiene problems: _____

Hygiene problems:

animal feces: _____
water source: _____
water storage: _____
utensils: _____
hand washing: _____

Ventilation problem: _____

Guide 10: Fathers

1. Use Guide 1

2. Since he has a young child: How does he view his relationship to his child ?

Are there any things he particularly wants for his child ?

Does he feel he can provide these things for his child ?

What does he feel is his role in caring for the child ?

---

3. Are there any instances when he feels he should instruct the child's mother about how to care for the child ?

When, what would he say ?

---

4. Is he involved in any activity related to feeding the child ? Food purchasing ? Distribution ? Actual feeding ? What is his involvement ?

Probe specifically about food purchases:

---

5. Has the father ever taken his child to the doctor when the child was sick ?

---

6. Use Guide 8.

WORKSHOP IN RESEARCH TO DESIGN EDUCATION FOR

IMPROVING YOUNG CHILD FEEDING

"IDEAL" FEEDING PRACTICES

1. Child is placed on breast immediately (within first hours) following birth.

2. Colostrum is given.

3. Full lactation is established during first days: breastfeeding with frequency (on demand - day and night), both breasts, until breasts emptied.

4. Exclusive breastfeeding through 3rd or 4th month. (No supplemental liquids).

5. Semi-solids introduced in small amounts during 4th through 6th month. Semi-solids are grain (wheat or rice) porridge, or ripe fruit. Spoon is used to feed.

6. Mixed, soft foods should be given 3 times/day when the child has completed 6 months (7th month of life). Mixed food contains staple, a protein, vitamin A and a source of fat.

7. By the 10th month, the child should be receiving food from the family diet (there is no need to dilute it). The child needs 3-4 meals/day and a "snack".

8. When a child has completed a year, she should receive family foods, at least 1-1 1/2 cups 3-4 times/day plus "snacks".

9. Child feeding requires patience and supervision.

10. Sick children are given extra breastmilk and if receiving foods, given soft foods frequently.

11. A child recovering from illness needs more food than usual, especially energy-rich and vitamin A-rich foods.

WORKSHOP IN RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING

NUTRIENT REQUIREMENTS

Age	Kcal	Prot (g)	Vit A (mg)
0 - 3 mo.	550	9.8	300
4 - 6 mo.	800	12	300
7 - 9 mo.	930	18	300
10 - 12 mo.	1000	19	300
13 - 24 mo.	1133	23	250

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING
YOUNG CHILDREN FEEDING

December 4-8, 1988

PLANNING PROPOSED RECOMMENDATIONS

"IDEAL PRACTICES	REAL PRACTICES	POSSIBLE SHIFTS	RESISTANCES	MOTIVATIONS

HOUSEHOLD TRIAL GUIDE

F.O. #12

CHILD IDENTIFICATION

Child's Name: _____

Age: _____

Classifications: Well [ ] Sickly [ ]

Has anything occurred since yesterday ? (Child illness)

Other Comments:

24-Hour Food Recall:

1. Ask the mother to describe what her child ate yesterday. To help her remember, ask her when ad how her child was fed in relation to her activities. Remember to ask about:

   - breastfeeding
   - the ingredients in mixed dishes (ghee, meat ...) and whether the child received all the foods in the dish
   - any snacks or small tastes of food the child might have received
   - when possible, ask to see the utensil used to serve or feed the child as well as the plate, bowl or cup in order to assess the quantity of food given and the hygiene
   - Note: Quantity refers to the portion of food the child ate, not th portion served.

Time	Mother's Activity	Child Ate	Ingredients	Quantity

Night feeds: _____

2. Was this a typical day for the child in terms of eating?

YES [ ] NO [ ]

If no, why not?

_____

_____

	Frequency	Amount
Breastfeeding	_____	_____
Other liquids	_____	_____
Foods	_____	_____
Variety of foods	_____	

Relation to Family Food

Only special foods:
Special foods:
Modified family food:
regular family food:
Eats exactly like adult:

Nutrient analysis:

KCl: appears adequate [ ] inadequate [ ] very inadequate [ ]
Protein: appears adequate [ ] inadequate [ ] very inadequate [ ]
Vitamin A: appears adequate [ ] inadequate [ ] very inadequate [ ]

Hygiene: generally clean: _____
hygiene problems: _____
very problematic: _____

Feeding style: Good: _____

Inadequate: _____

Analysis of First Recall

Content of attached page - was not attached

Analysis of second Recall

Same remark as above

Summarize your Assessment of Child's Health and Nutrition for the Mother

Breastfeeding:

Feeding:

Other liquids:

Other foods

Note: Frequency
Quantity
Consistency

Mode of Feeding:

Illness:

PRACTICE

Discuss the practice using motivations listed on the trials sheet.

1. What is her immediate reaction ?

   Willing to try Not willing

   If willing, what convinces her/What does she like ?

   If unwilling, what doesn't she like ?

2. Is there another way to motivate her ?

   What do you say ?

   ---

3. Is there a problem with other family member disagreeing ?

Relationship	Comment

PRACTICE (contd)

4. Are there other circumstances under which she would try the recommendation ? What are they ?

What are the modifications ?

---

6. What exactly does she agree to try ?

PRACTICE

Discuss the practice using motivations listed on the trials sheet.

1. What is her immediate reaction ?

   Willing to try Not willing

   If willing, what convinces her/What does she like ?

   If unwilling, what doesn't she like ?

2. Is there another way to motivate her ?

   What do you say ?

3. Is there a problem with other family member disagreeing ?

Relationship	Comment

PRACTICE

Discuss the practice using motivations listed on the trials sheet.

1. What is her immediate reaction ?

   Willing to try Not willing

   If willing, what convinces her/What does she like ?

   If unwilling, what doesn't she like ?

2. Is there another way to motivate her ?

   What do you say ?

3. Is there a problem with other family member disagreeing ?

Relationship	Comment

4. Are there other circumstances under which she would try the recommendation ? What are they ?

What are the modifications ?

---

6. What exactly does she agree to try ?

40'

PRACTICE

Discuss the practice using motivations listed on the trials sheet.

1. What is her immediate reaction ?

   Willing to try Not willing

   If willing, what convinces her/What does she like ?

   If unwilling, what doesn't she like ?

2. Is there another way to motivate her ?

   What do you say ?

3. Is there a problem with other family member disagreeing ?

Relationship	Comment

PRACTICE (contd)

4. Are there other circumstances under which she would try the recommendation ? What are they ?

What are the modifications ?

---

6. What exactly does she agree to try ?

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TRIAL SUMMARY SHEET

Morbidity	Food Avail Score/ Hygiene	Major Problems	Changes Discussed	Reason Accepted/ Rejected	Agreed Upon Trials	Outcome	Reason Accepted Rejected Changed

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR IMPROVING YOUNG CHILD FEEDING DECEMBER 4-8, 1988

REVIEW OF WORKSHOP

1. Were the objectives of the workshop achieved?

		YES	NO
a)	Exchange of information among health and nutrition groups	[ ]	[ ]
b)	Exposure to a qualitative research methodology for examining young child feeding	[ ]	[ ]
c)	More detailed understanding of child feeding	[ ]	[ ]
d)	Obtain experience that can be applied to regular work	[ ]	[ ]

2. What is your opinion of the execution of the workshop:

a) the materials that were distributed during the workshop: _____

_____

b) the workshop schedule: _____

_____

c) the presentation: _____

_____

d) the subject matter: _____

_____

e) the relevance of the workshop to your work: _____

_____

f) the workshop accommodations: _____

_____

WORKSHOP ON RESEARCH TO DESIGN EDUCATION FOR
IMPROVING YOUNG CHILD FEEDING
December 4-8, 1988

December 8, 1988

TO WHOM IT MAY CONCERN

This is to certify that _____ successfully completed a one week workshop offered by PVHNA and PRITECH, USAID on Research for Improving Young Child Feeding. This workshop was conducted by Dr. Marcia Griffiths a nutritional anthropologist and President of the Manoff Group Inc., a company specializing in communications and public health programs.

During the workshop a research protocol was shared with the participants. Training took place both in the classroom and through two field experiences.

Begum Sara Naseem
PVHNA

Lucia Ferraz-Tabor
PRITECH Representative

Marcia Griffiths
The Manoff Group, Inc.

APPENDIX F

SUMMARY OF DEPTH HOUSEHOLD INTERVIEWS

Summary of Depth Household Interviews

(1) Description of families

- Families seem to have many children - almost half have 2 children under 2 years.

- About half have an equal number of adult females to young children. The majority of the families, where the ratio was high on children to women, had sickly children.

- Only slightly more than half of the fathers had no education. Well and sickly children were equal among families where the father had no education, whereas more well children were in homes where the father had matriculated.

- Only a very few mothers had any education.

- All are employed in both cases in different categories.

- About half of the families had had a child death. The majority of those with multiple deaths were in homes with a well child.

- The vast majority of the children are cared for by their mother or someone of that generation.

(2) The Household and Household Possessions

- It has been observed that in the upper 25% the children are 100% well, while in the middle class 50% are well and 50% are sick, and in the lower 25%, 80%children are well and 20% are sick.

- According to the guides, the houses seem to be clean; there is not much of a hygiene problem. However, in general discussion, it was observed that there was a major hygiene problem.

- As the houses have doors and windows, there was not much ventilation problem.

- The ratio of well and sick children in modest houses were equal. None of the houses had modest structure with many possessions. The ratio of good structures with few possessions among well and sick children was 3:2.

- Generally the women had enough part to cook the food, but she did not cook separately for the child.

(3) Food Availability

Sickly children were more likely to be in houses with low food availability and in families completely dependent on a cash income.

Generally half the houses had ghee and/or sugar at the time of the interview, whether with a sick or well child. But a large difference was noted in availability of dahl - half of well children's homes had dahl, whereas only 1 home with sickly child had dahl.

(4) Mothers' Activities

One part of the question guide solicited information about the mother's activities during a day: including work in the house, i.e. meal preparation, cleaning, looking after the child, work in the fields etc. If she worked for a salary and for how many hours, and whether she left the child in somebody else's care/

The tabulation of the data was done according to two categories:

a) Children who were well at the time of interview

b) Children who were sick at the time of interview

The results show that the mothers spend 11 hours a day, on the average, in work. The distribution goes from 5-17 hours a day, so that the majority of the mothers are occupied in work for the greater part of the day. Their work involves housework and only a few of them work for remuneration, and that too is for very short hours.

Eleven mothers out of nineteen told the interviewers that they sometimes left their children in the care of other family members (mother, mother-in-law, sister, sibling). Out of these eleven mothers, eight were satisfied with the care that their children received from these people. Three mothers however felt that their children were not well looked after in their absence. In general, this is when the caretaker is a sibling of the child in question.

Meals were prepared and taken three times a day except for one house where the respondent said that food was prepared less than three times a day.

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Out of the nineteen mothers who were interviewed, only four mothers replied that their work was heavy, while the majority of the mothers perceived themselves to be either moderately occupied or not extremely busy.

It is interesting to note that the interviewers thought that the mothers were busier than the mothers themselves perceived they were.

(5) Child Feeding Practices

(a) First Hours: During the first hour, all children received some substance in the first hours that is ghutti which is made of ghee, herbs, water and a sweetener. It is given on cotton and is recommended by Dais or elders in the house as a tradition. It is given whenever the baby cries. 6-8 times/day - 3 teaspoons/day. The reason given was that it washes away the muck from the inside of the baby.

b) First Week: During the first week, the majority of the children received ghutti and some other liquids like honey, water, sugar and salt solution. Only one case seems to have a feeder, rest gave ghutti with cotton. All women gave breast milk on the 3rd or 4th day.

(c) A vast majority of mothers discard colostrum because it is dirty, "stored milk" or harmful for the child. A few couldn't explain why is was discarded. Only one mentioned being told by the dai.

For those few mothers who gave colostrum, they said they did so because the child was crying, it is best for the baby and one was not sure.

(d) All mothers breastfed through the first month, but the majority gave water, some gripe-water and a few buffalo milk. Only a few children were "exclusively" breastfed. About one quarter used a bottle.

(e) Through the third month, all mothers breastfed their child. The majority also gave water, a few either fresh or powdered milk. Two mothers introduced food. About one quarter used a bottle.

Of those children 0-3, all were breastfed on demand, but they generally had poor breastfeeding practices.

(f) During the fourth and fifth month only one child was not breastfed. This child was given fresh cow's milk, diluted with water. Half of the children during the 4th and 5th months received food: a variety - biscuits, banana, sagodana, farex..... One third of the children received a bottle. Breastfeeding scores are poor for these children. Well nourished children received breast milk on demand plus food.

(g) For children 6-8 months old: all were being breastfed and all were receiving other foods, liquids. Banana was by far the most common food given. One quarter was receiving a bottle. During this age, well children had good feeding scores while sickly children had poor feeding scores.

For children 9-12months, all were breastfed, and half received a bottle. All but one child received semi-solid or solid foods. most children still received water and or fresh or powdered milk. Banana remains the most common food given.

Generally small pieces or portions of food are given -- (2 tsp of rice). Children seem to be fed semi-solids/solids 2-3 times/day.

Breastfeeding and feeding scores seem relatively good at this age despite the fact that all of the children in this age group were sickly. It could be that morbidity rates rise sharply in the age group.

There is a variety of ways mothers decide to give food to children, but among these, feeding on demand (when the child cries) and if the child doesn't seem to be satisfied with breast milk alone.

Though mothers didn't say much about the characteristics of the first introduced foods, the few who mentioned it, thought that best early foods are light foods and bananas. Roti, rice and egg are most commonly mentioned foods.

(h) All of the children who were 9-12 months were ill: all received breast milk, all received other liquids, usually water and other milks. All but one child received solid foods. The most common foods fed at this age were rice, khichri, banana, dallya and egg and dahl.

Breastfeeding was generally frequent and breastfeeding scores were either very high or poor.

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Feeding scores were all low - so it seems that there is a problem of quantity: that is, children were fed small pieces of food 3-4 times/day. Regular eating is not followed. Two children received large quantities of milk.

(i) Children in the second year of life: all children in this age group were being breastfed. Bottles seem to have decreased - only one mother used a bottle. Everyone was giving additional liquids - water and the majority also gave milks. The common food continued to be the same as for younger children.

All of the children had very infrequent feeds that the mothers recalled. Where we have information on quantity, it is on roti and quantitites were small maximum 1/4 of a roti. Feeding scores were all low regardless of whether the child was well or sickly.

(J) Mother's opinion about how the child is eating

Most mothers are quite satisfied with the amount of food intake of their children. Of the four mothers who said they had a problem, two were because of poverty and not having enough food in the house to eat. The others stated lack of variety in food as the reason why her child was not eating properly, while the 4th one was just dissatisfied but could not give a clear reason.

(K) Can something be done for a fussy eater

There was no clear answer to this question and only about nine mothers seemed to understand the question. Of these, five thought themselves capable of dealing with the problem, while four said they did not know what to do about it. Four other mothers were of the opinion that a fussy child cannot be made to eat.

(L) Capability of Improving Child Health

There were 17 clear answers to this question. Ten mothers were quite confident that they could improve their child's health. Four mothers thought they were not capable of improving their child's heath and that doctors could deal with this best. Three mothers had no idea how a child's health could be improved.

(6) Child Morbidity and Feeding
(to be written) When parasitation is found.

(7) SOURCES OF INFORMATION (Total 22)

Main Points

- 18 households had no TV in their homes - 81%
- Only 4 households had TV sets in their homes - 19%
- They all 4 watch daily
- 4 of them said that "Drama" is their favorite program
- Two of these 4 people did not hear the health message
- And two heard it

RADIO

- 12 people had no radios - 54%
- 10 have radios - 46%
- 7 are listening every day
- 2 are listening occasionally
- 1 is not listening
- 2 heard the message on diarrhoea
- 2 heard the message on EPI

VIDEO

- In 16 households, no-one goes to see movies and video
- In two households 2 husbands go
- In 3 cases, husband and wife go
- In one case, the son goes
- In one case all family members go

PRINTED MATERIAL

- In 16 cases, no printed material came to the home
- 4 had newspapers
- 1 mentioned Holy Quran
- 1 mentioned magazines

COMMUNITY MEETING

- In 21 cases, no-one goes to the meetings
- In one case, mother and father go

SOURCE OF HEALTH ADVICE

- One said Hakims
- 3 said doctors
- 1 government services
- 1 Lady Health Visitor
- 3 said a family member
- 1 said get advice from media
- 13 cases get no advice

(e) Fathers

APPENDIX G

NUTRITION GUIDELINES

For Marsha Guffith

STANDARD NUTRITION MESSAGES FOR MOTHERS AND CHILDREN

All pregnant and lactating mothers who come to the centre for any reason should be counselled to:

1. Give colostrum immediately after delivery and continue frequently until breastmilk secretion begins after 2-3 days.
2. Breastfeed frequently night and day.
3. Drink at least 8 glasses of fluids each day and more if thirsty.
4. Breastfeed even if mother or child is ill.
5. Weigh infant regularly through first year particularly when immunized or treated for infection.
6. Wash utensils and hands before handling food.
7. Only give liquids by breastfeeding or cup and spoon.
8. Use ORT for diarrhea and immunize your child.
9. Supplement food to maintain growth rate after the age of 5 months:

AGE GROUP	
0-5 months	BREAST MILK ONLY
5-8 months	BREAST MILK AND SOFT FOODS o Begin giving locally available foods one at a time, for example, Kichri, dallia, kheer, suji, choori and mashed banana. o Add 1-2 teaspoons of oil o Add yogurt or milk if available because supplementary foods should have at least 3 ingredients o Feed 3-4 teaspoons 4-6 times daily
8-18 months	BREAST MILK PLUS SEMI SOFT FOODS o Continue breastfeeding. o Increase amount of soft foods to at least 6-7 teaspoons 4-6 times/day. o Add dark green leafy vegetables (spinach), carrots and fruits like mango and papaya.
18-24 months	BREAST MILK PLUS FOODS o Child should eat three full meals with household members.
Over 24 months	o Child should be consuming half of an adult's portion at each meal.

Do not use bottles, nipples and soothers;
BOTTLE FEEDING IS DANGEROUS!
It can cause diarrhea and reduce breastmilk production.

After an illness, feed the child more food than usual for two weeks.

If baby is not growing or is loosing weight, feed it more foods frequently and take it to a health facility.

7TH SEPT 1988

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NUTRITION GUIDELINES

Does the child have a nutrition problem ?

1. Weigh the child: Child has not gained adequate weight from last weighing

   OR

   Child is low weight-for-age

2. Check low eye lids/inside lower lip:
   Child is pale/anemic

3. Ask mother: Is child ill or has child been ill in the last two weeks ?

   How is child being fed:

   Full breastfeeding

   No bottles or additional liquids

   Introduced to foods at 5 months

   Fed appropriately for age

   Fed appropriate quantity

   Served separately

   Feeding supervised

What to do:

1. Treat child's anemia and check for parasites
2. Treat morbidity (see ARI and DDC protocols)
3. Refer child who is extremely thin and weak or apathetic and with edema to a specialist
4. Counsel mother on improved child feeding practices depending on age of child, growth status and morbidity history

WHAT TO TELL MOTHERS

CHILD'S AGE	CHILDREN OF AVERAGE WEIGHT GROWING ADEQUATELY	CHILDREN WITH LOW WEIGHT/ NOT GAINING ADEQUATELY/ RECOVERING FROM ILLNESS	CHILDREN WHO ARE ILL/ EXTREMELY UNDERNOURISHED
0-4	Breastfeed exclusively and fully: both breasts, sufficient duration to empty breasts, 8 times during day and night. No additional liquids should be given.	Breastfeed more frequently than usual. Mother should drink more fluids and eat an additional roti/day	Continue breast feeding. Breastfeed with greater frequency everytime the child fusses or every few hours. Mother should drink more fluids and eat an additional roti/day plus more salan.
5-9	Introduce semi-solids made from foods taken from family's food e.g. khichri, chori, kheer, yogurt, mashed potato, banana. Begin with small spoonfuls, until child is eating 2 teaspoonsful for each month of age, each time the child eats. At 8+ months child should receive 1/2 cup at each meal. Feed 5x/day Continue full breast-feeding	Breastfeed more frequently Child should receive semi-solids 1 more time than usual (4x/day) Add a tsp of oil and a vitamin A rich food such as carrots, green leafy vegetables with the child's food. Be patient feeding the child. Separate the child's food to visualize the quantity.	Continue feeding semi-solid foods ("light" foods) khichri, yogurt, mashed potato, banana. For an under-nourished child add oil & a vitamin-A rich food such as carrot or spinach. Feed in smaller quantities but more frequently, 6x/day. Continue to breastfeed more frequently. Be patient feeding the child because the child is weak and may not want to eat.
10-17	Shift child to solid foods. Child should eat everything the family eats. The child should receive 1/2 roti at each meal. The child should eat each time the family eats plus two more times every day (5x/day or 4 meals + 1 snack). Continue breastfeeding	Add an additional meal to what the child usually receives (5 meals + 1 snack). Add oil and/or yogurt and a vitamin A rich food such as carrots or green leafy vegetables to the child's food. Continue breastfeeding Supervise child feeding and separate the child's food to visualize the quantity.	Continue breastfeeding. Child may need to stay on semi-solids but they must contain oil, yogurt and a vitamin-A rich food. Put child on solids as quickly as possible and give favorite foods. Feed atleast 5x/day Be patient feeding the child and always supervise the child's feeding.

18-23	Child should be fed all family foods. Child is fed each time the family eats plus 1 more time everyday in addition to snacks and breastmilk or supplemental milk. The child needs to eat 1/2 roti plus a full cup of salan everytime s/he eats.	Child should be fed one more time than usual (5x/day) plus 2 snacks. Add oil and/or yogurt and a vitamin A rich food such as carrots or green leafy vegetables to the child's food. Continue breastfeeding or give supplemental milk and yogurt. Supervise child feeding and separate the child's food to visualize the quantity.	-- SAME AS ABOVE --

SUMMARY: