

CHILD HEALTH: FEEDING PRACTICES

Rationale

Infant feeding practices affect the health of both the child and the mother. Feeding practices are an important determinant of children's nutritional status, which is directly related to the risk of becoming sick and of dying. For women, breastfeeding positively affects the length of the postpartum period of infertility (amenorrhea), which in turn affects the length of the birth interval and birth spacing, hence the number of children a woman will have and the total fertility rate.

WHO, UNICEF and PAHO recommend that children be exclusively breastfed (no complementary liquid, solid food, or plain water) during the first six months of life and that children be given solid or semisolid complementary foods beginning with the seven month.¹ The standard indicator for exclusive breastfeeding is the percentage of children less than six months of age (0-5 months) who are exclusively breastfeeding. The standard indicator of timely complementary feeding is the percentage of children age 6-9 months who are breastfeeding and receiving complementary foods. Giving other types of milk to children is acceptable after the first six months but continued breastfeeding is recommended through the second year. The use of a bottle with a nipple is not recommended at any age because of the increased likelihood of the spread of disease-causing agents.

Experience and Evidence

Experience

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Evidence

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¹Pan American Health Organization (PAHO) and World Health Organization (WHO). 2003. *Guiding Principles for Complementary Feeding of the Breastfed Child*. Washington, D.C./Geneva: PAHO/WHO.

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). 1998. *Complementary feeding of young children in developing countries: a review of current scientific knowledge*. Geneva/New York: WHO/UNICEF

Indicators on Feeding Practices

Regarding feeding practices, the Global Reference List of Health Indicators includes one core indicator (41) and three additional indicators (42, 43 and 44). They are included in the following table.

No.	Type	Name	Definition
41	Core	Exclusive breastfeeding rate 0-5 months of age	Percentage of infants 0-5 months of age who are currently exclusively breastfed
42	Additional	Minimum acceptable diet	Percentage of children 6-23 months of age who receive a minimal acceptable diet
43	Additional	Bottle feeding of infants	Percentage of children 0–23 months of age who are fed with a bottle
44	Additional	Consumption of iron-rich or iron-fortified foods in young children	Percentage of children 6–23 months of age who receive an iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home.

Minimum acceptable diet

[to be defined]

Iron-rich and iron-fortified foods

[to be defined]

Questionnaire for the Long Module

The questionnaire proposed here has two sections: one on breastfeeding and the second one on complementary feeding. Most of the questions proposed for the module are included in the DHS questionnaire for women. The following changes were made:

Breastfeeding

Questions 453-460 are included in the DHS questionnaire in the section on Pregnancy and Postnatal Care where most of the questions are asked for children born in the five years preceding the survey following information collected in the birth history. Since the questions on breastfeeding are only asked for the last child, questions 401-405 were added to substitute for the birth history.

Complementary Feeding

The questions on complementary feeding selected for the module are also included in the DHS in the section on Immunization, Health and Nutrition where these questions are asked for the youngest child under five living with the respondent. In the questionnaire proposed for the module the questions are divided into two sections, one for liquids and another one for solid food which includes yogurt.

The following question may be considered for inclusion at the beginning of the section on complementary feeding:

- 511 Within the last six months, was (NAME) given a vitamin A dose like this?
(The respondent is shown common types of ampules/capsules/syrups).
- 512 In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like this?
(The respondent is shown common types of pills/sprinkles/syrups).

Questionnaire for the Short Module

[to be defined]

Questionnaire for the Long Module

BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
401	Have you ever given birth?	YES 1 NO 2	→ 562						
402	Have you given birth since January 2010? (1)	YES 1 NO 2	→ 562						
403	What name was given to your last baby?	NAME _____							
404	In what month and year was (NAME) born? PROBE: When is his/her birthday?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
453	Did you ever breastfeed (NAME)?	YES 1 NO 2	→ 455						
454	Is (NAME) still alive?	YES 1 NO 2	→ 460 → 562						
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 0 0 0 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DONT REMEMBER 9 9 8							
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2	→ 459						
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPPE WATER D SUGAR-SALT-WATER SOLUTION ... E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER _____ X (SPECIFY)							
459	Are you still breastfeeding (NAME)?	YES 1 NO 2							
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DONT KNOW 8							

COMPLEMENTARY FEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
557	<p>I would like to ask you about liquids that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p>		
	Did (NAME) drink:	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1 2 8	
	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK <input type="text"/>	
	e) Infant formula?	e) 1 2 8	
	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
	f) Any other liquids?	f) 1 2 8	
558	<p>Now I would like to ask you about solids that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. (2)</p>		
	Did (NAME) eat:	YES NO DK	
	g) Yogurt?	g) 1 2 8	
	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT <input type="text"/>	
	h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]? (3)	h) 1 2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains? (4)	i) 1 2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? (5)	j) 1 2 8	
	k) White potatoes, white yams, manioc, cassava, or any other foods made from	k) 1 2 8	
	l) Any dark green, leafy vegetables? (6)	l) 1 2 8	
	m) Ripe mangoes, papayas or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE <input type="checkbox"/> "YES" ↓	AT LEAST ONE <input type="checkbox"/> "YES" →	561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY) NO 2 →	562
561	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	
562	GO TO NEXT MODULE		

- (1) Year of fieldwork is assumed to be 2015. For fieldwork beginning in 2016 or 2017, the year should be 2011 or 2012, respectively.
- (2) A separate category: "Foods made with red palm oil, palm nut, or palm nut pulp sauce" must be added in countries where these items are consumed. A separate category: "Grubs, snails, insects or other small protein food" must be added in countries where these items are eaten. Items in each food group should be modified to include only those foods that are locally available and/or consumed in the country. Local terms should be used.
- (3) In the case of fortified foods, the interviewer should ask to see the package and/or brand label (if available), to confirm that the food is fortified.
- (4) Grains include millet, sorghum, maize, rice, wheat, or other local grains. Start with local foods, e.g. ugali, nshima, fufu, chapati, then follow with bread, rice, noodles, etc.
- (5) Items in this category should be modified to include only vitamin A rich tubers, starches, or red, orange, or yellow vegetables that are consumed in the country.
- (6) These include cassava leaves, bean leaves, kale, spinach, pepper leaves, taro leaves, amaranth leaves, or other dark green, leafy vegetables.