



LIST OF REFERENCES

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ADDENDA

ADDENDUM A: QUESTIONNAIRE USED FOR QUANTITATIVE RESEARCH
HAMMANSKRAALPROJECT
QUESTIONNAIRE
OFFICE USE ONLY

V1	RESP NO				1-3
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V2	CARD NO		1	4
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V3	GROUP NO			5
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ANSWER ALL THE QUESTIONS IN THE QUESTIONNAIRE:
A. DEMOGRAFIC INFORMATION

1. WHAT IS THE NAME OF THE :

MOTHER	
CARETAKER	
CHILD	

2. WHO IS THE PERSON THAT BROUGHT THE CHILD TO THE CLINIC TODAY ?

MOTHER	1
CARETAKER	2

V4		6
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3. WHAT IS THE SEX OF THE :

CARE-TAKER	FEMALE	1	MALE	2
CHILD	FEMALE	1	MALE	2

V5		7
V6		8

4. TO WHICH ETHNICAL GROUP DOES THE MOTHER BELONG ?

TSWANA	1
NORTHERN-SOTHO	2
VENDA	3
SOUTHERN-SOTHO	4
PEDI	5
XHOSA	6
SHANGAAN	7
ZULU	8
NDEBELE	9
SWAZI	10
*OTHER(specify)	
*OTHER(specify)	

V7			9- 10
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*OTHER

5. WHAT IS THE AGE OF THE :

MOTHER	< 20 YEARS	1
	20 - 24 YEARS	2
	25 - 29 YEARS	3
	30 - 34 YEARS	4
	> 34 YEARS	5
CHILD	0 - 6 WEEKS	1
	6 WEEKS - 3 MONTHS	2
	3 - 6 MONTHS	3
	6 - 9 MONTHS	4
	9 - 12 MONTHS	5
	12 - 24 MONTHS	6
	24 - 36 MONTHS	7

V8		11
V9		12

6. WHAT IS THE POSITION OF THE CHILD IN THE FAMILY ? (CHILDNUMBER...)

FIRST CHILD	1
SECOND CHILD	2
THIRD CHILD	3
FOURTH CHILD	4
FIFTH CHILD	5
SIXTH CHILD OR MORE	6
*OTHER(specify)	

V10		13
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*OTHER

7. WHAT IS THE AGE AF THE CHILD JUST OLDER THAN THIS ONE ?

NO OLDER CHILD	1
9 - 12 MONTHS	2
12 - 24 MONTHS	3
2 - 3 YEARS	4
3 - 4 YEARS	5
4 - 5 YEARS	6
5+ YEARS	7
DOES NOT KNOW	8

V11		14
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8. WHAT IS THE AGE AF THE CHILD JUST YOUNGER THAN THIS ONE ?

NO YOUNGER CHILD	1
0 - 6 MONTHS	2
6 - 12 MONTHS	3
12 - 18 MONTHS	4
18 - 24 MONTHS	5
2 - 2½ YEARS	6
DOES NOT KNOW	7

V12		15
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9. ON WHICH FEED IS THE CHILD NOW ?

EXCLUSIVE BREASTFEEDING	1
BREAST- AND BOTTLEFEEDING	2
EXCLUSIVE BOTTLEFEEDING	3
BREASTFEEDING AND SOLID FOOD	4
BOTTLEFEEDING AND SOLID FOOD	5
BREASTFEEDING AND BOTTLEFEEDING AND SOLID FOOD	6
SOLID FOOD AND COW'S MILK IN A MUG	7
SOLID FOOD ALONE	8

V13		16
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10. IF THE CHILD STILL DRINKS MILK IN A BOTTLE AT ALL, SPECIFY THE TYPE OF MILK THAT HE / SHE IS DRINKING :

.....

.....

FRESH COW'S MILK	1
POWDERED BABY'S MILK (S26, SMA, NESPRAY etc)	2
POWDERED MILK (ELITE, FARMERS PRIDE, PROTEA)	3
INSTANT MILK CREAMERS (CREMORA, ELLIS BROWN)	4
DOES NOT DRINK A BOTTLE AT ALL	5

V14		17
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11. IF THE CHILD IS EATING SOLID FOOD ALREADY, HOW OLD WAS HE / SHE WHEN THIS WAS STARTED ?

(CHOOSE ONE WAY OF ANSWERING ONLY)

CHILD IS NOT EATING SOLID FOOD AT ALL		1
MONTHS (AGE) WHEN HE STARTED EATING	1 - 2 MONTHS	2
	3 MONTHS	3
	4 MONTHS	4
	5 MONTHS	5
	6 MONTHS	6
	7 MONTHS	7
	8 MONTHS	8
	9 - 12 MONTHS	9
	12 - 18 MONTHS	10
	18 - 24 MONTHS	11
	24 - 30 MONTHS	12
30 - 36 MONTHS	13	

V15			18-19
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IF SHE DOES **NOT** KNOW THE AGE - CONTINUE WITH THE PHYSICAL INDICATORS.

(IF SHE DID KNOW THE AGE - LEAVE THE PHYSICAL INDICATORS)

PHYSICAL INDICATORS WHEN HE STARTED EASTING	BABY DOES NOT SIT ALONE YET	14
	SIT UPRIGHT ALONE	15
	WHEN THE FIRST TOOTH ERUPTED	16
	STARTED CRAWLING	17
	STARTED WALKING	18
	*OTHER (specify)	

*OTHER :

.

.

12. WHAT WAS THE MAIN REASON WHY YOU STARTED GIVING SOLID FOOD TO THE BABY TO EAT ?

(MARK ONLY THE MAIN REASON !)

CHILD IS NOT EATING SOLID FOOD YET	1
CHILD IS OLD ENOUGH (see previous question)	2
CHILD IS SICK	3
CHILD REFUSES BREAST	4
CHILD DOES NOT COPE WELL WITH BREASTFEEDING	5
MOTHER MUST GO BACK TO SCHOOL	6
MOTHER DOES NOT HAVE ENOUGH MILK	7
MOTHER IS SICK AND DRINK LOTS OF PILLS (eg. breast abcess)	8
MOTHER IS EXPECTING ANOTHER BABY (eg. childspacing)	9
MOTHER MUST GO BACK TO WORK	10
MUST STOP BREASTFEEDING AND CANNOT AFFORD OTHER MILK	11
CULTURAL REASON (eg. everybody wean children at a specific time) INDICATE WHICH PLEASE	12
PEER GROUP PRESSURE (eg. an adollesent who does not want to be different) INDICATE WHICH PLEASE	13
WHEN THE MOTHER IS IN MOURNING BECAUSE A CHILD HAS DIED	14
WHEN THE MOTHER IS WORKING WITH ILL PEOPLE WHICH CONTAMINATES HER MILK	15
MOTHER MUST GO BACK TO SCHOOL	16
NO SPECIFIC REASON	17
*ANY OTHER (specify)	

V16			20-21
-----	--	--	-------

*OTHER (specify) :

.

13. IN WHICH RESIDENCIAL AREA (DISTRICT) IN HAMMANSKRAAL ARE YOU LIVING
 (FILL IN THE SPACES PROVIDED BELOW) :

MOTHER	
CARETAKER	

V17		22-23
V18		24-25
V19		26-27

14. HOW LARGE IS THE "FAMILY" THAT LIVES AND EATS TOGETHER ?

2	1
3 - 5	2
6 - 10	3
11 - 15	4
> 15	5

V20		28
-----	--	----

15. WHICH PEOPLE IS LIVING TOGETHER IN THE HOUSE WHERE THE MOTHER LIVES?
 (INDICATE WITH A CROSS IN THE X-COLUMN WHICH PEOPLE LIVES IN THE
 HOUSE AND WRITE NEXT TO IT IN THE NUMBER-COLUMN HOW MANY PEOPLE OF
 THAT KIND IS LIVING IN THE HOUSE, FOR EXAMPLE :

(OTHER CHILDREN / 10 / 5)

	X	NUM BER
MOTHER/CARETAKER/WIFE	1	
FATHER/HUSBAND	2	
OWN CHILD/CHILDREN	3	
PARENTS OF THE MOTHER /CARETAKER/WIFE	4	
PARENTS OF FATHER/HUSBAND	5	
GRANDPARENTS OF THE MOTHER/CARETAKER/WIFE	6	
GRANDPARENTS OF THE FATHER/HUSBAND	7	
BROTHERS/SISTERS OF THE MOTHER/CARETAKER/WIFE	8	
BROTHERS/SISTERS OF THE FATHER/HUSBAND	9	
OTHER CHILDREN (*specify)	10	
FRIENDS (*specify)	11	
OTHER FAMILY (*specify)	12	

V21		29
V22		30
V23		31
V24		32
V25		33
V26		34
V27		35
V28		36- 37
V29		38- 39
V30		40- 41
V31		42- 43
V32		44- 45

16. WHO TAKES CARE (FEEDS, DRESSES, BATHS) OF THE CHILD IN THE DAY ?
(MARK ONLY ONE !)

MOTHER	1
FATHER	2
GRANDMOTHER	3
BROTHER	4
SISTER	5
OTHER ADULT FAMILY MEMBER (specify)	6
*OTHER (specify)	

V33		46
-----	--	----

*OTHER :

17. WHAT IS THE OCCUPATION OF THE MOTHER ? :

HOUSEWIFE	1
GOING TO SCHOOL	2
SECRETARY	3
CLEANING LADY	4
TEACHER	5
CLERK	6
SHOPASSISTANT	7
NURSE	8
CASHIER	9
VENDOR (FRUIT & VEG)	10
DOMESTIC WORKER	11
LOOKING FOR WORK	12
*OTHER (specify)	

V34		47-48
-----	--	-------

*OTHER (specify):

18. IS THE FATHER IS CONTRIBUTING MONEY TO THE FAMILY ?

YES	1	NO	2
-----	---	----	---

V35		49
-----	--	----

IF YOU ANSWERED YES, CONTINUE WITH THE FOLLOWING QUESTION (NO 19). IF THERE IS NO FATHER INVOLVED, GO ON TO QUESTION NO 20

19. WHAT IS THE OCCUPATION OF THE FATHER ?

CLERK	1
TEACHER	2
CONSTRUCTIONWORKER	3
DRIVER	4
WORKMAN/ARTISAN	5
SHOPASSISTANT	6
POLICEMAN	7
FACTORY WORKER	8
VENDOR (FRUIT & VEG)	9
MOTORVEHICLE MECHANIC	10
MINEWORKER	11
SOLDIER (ARMY)	12
UNEMPLOYED	13
DO NOT KNOW	14
*OTHER (specify)	

V36			50-51
-----	--	--	-------

POST MATRIC QUALIFICATION	1
MATRIC	2
ST. 10	3
ST. 9	4
ST. 8	5
ST. 7	6
ST. 6	7
ST. 5	8
ST. 4	9
ST. 3	10
ST. 2	11
ST. 1	12
GRADE 2	13
GRADE 1	14
NO SCHOOLING	15

*OTHER (specify):

20. WHAT IS THE HIGHEST QUALIFICATION THAT THE MOTHER HAS ACHIEVED ?

V37			52-53
-----	--	--	-------

B. ENVIRONMENTAL FACTORS

21. HOW MANY ROOMS DOES THE HOUSE

B. ENVIRONMENTAL FACTORS

21. HOW MANY ROOMS DOES THE HOUSE WHERE THE MOTHER LIVES, HAVE ?

ONE	1
TWO	2
THREE	3
FOUR	4
FIVE OR MORE	5

V38		54
-----	--	----

SPECIFY THE ROOMS (NAME THEM) :

22. WHAT BUILDING MATERIAL WAS MAINLY USED TO BUILD THE FRAME / STRUCTURE OF YOUR HOUSE ?

BRICKS	1
ZINC	2
WOOD	3
CLAY	4
*OTHER (specify)	

V39		55
-----	--	----

23. WHERE DO YOU GET YOUR DRINKING WATER FROM ?

(MARK ONLY THE ONE YOU USE MOSTLY)

TAP IN THE HOUSE	1
PIT	2
RIVER / STREAM	3
TAP OUTSIDE	4
BOREHOLE WITH PUMP	5
RAINWATERTANK	6
BUY FROM WATERTANKERS	7
*OTHER (specify)	

V40		56
-----	--	----

*OTHER (specify) :

24. IF YOU DO NOT GET WATER FROM A TAP, WHAT DO YOU DO WITH IT BEFORE YOU DRINK IT ?

USE AS SUCH	1
BOIL AND COOL IT	2
USE WATERPURIFICATION-TABLETS	3
*OTHER (specify)	

V41		57
-----	--	----

*OTHER :
.

25. IS THERE ELECTRICITY IN YOUR HOUSE ?

YES	1	NO	2
-----	---	----	---

V42		58
-----	--	----

26. INDICATE HOW YOU MAINLY PREPARE YOUR FOOD :

OPEN FIRE	1
GAS STOVE	2
PARAFFIN STOVE	3
ELECTRIC STOVE	4
COAL STOVE	5
*OTHER (specify)	

V43		59
-----	--	----

*OTHER :

27. HOW DO YOU GET HOLD OF THE FOOD THAT YOU PREPARE ?

	YES	NO
PLANT YOUR OWN	1	2
BUY FROM A SHOP	1	2
GET/ BUY FROM FARMER/ EMPLOYER	1	2
BUY FROM MARKET	1	2
*OTHER (specify)	1	2

V44		60
-----	--	----

*OTHER :
.

28. WHO MOSTLY (USUALLY) BUYS THE FOOD WHICH THE FAMILY EATS ?

SELF (MOTHER)	1
CARETAKER	2
FATHER	3
FAMILYMEMBER	4
FRIEND	5
*OTHER (specify)	

V45		61
-----	--	----

*OTHER :
.

29. WHO USUALLY PREPARES THE FOOD FOR THE FAMILY ?

SELF (MOTHER)	1
CARETAKER	2
FAMILYMEMBER	3
FRIEND	4
*OTHER (specify)	

V46		62
-----	--	----

*OTHER :
.

C. HEALTH FACTORS

30. DO YOU VISIT THE CLINIC / HOSPITAL ?

YES	1	NO	2
-----	---	----	---

V47		63
-----	--	----

31. HOW OFTEN ARE THE CLINIC / HOSPITAL VISITED ?

FIRST TIME VISIT	1
1 TIME PER WEEK	2
1 TIME EVERY TWO WEEKS	3
1 TIME PER MONTH	4
1 TIME EVERY SECOND MONTH	5
1 TIME EVERY 6 MONTHS	6
1 TIME A YEAR	7
ONLY WHEN THE CHILD GETS SICK	8
NEVER	9
*OTHER (specify)	10

V48			64-65
-----	--	--	-------

*OTHER (specify) :
.

32. WHY DID YOU BRING THE CHILD TO THE CLINIC TODAY ?

	YES	NO
IMMUNIZATION	1	2
SIX WEEKS CHECK UP	1	2
WEIGHING AND MEASURING	1	2
ADVICE WITH PROBLEMS	1	2
SICK CHILD	1	2
*OTHER (specify)	1	2

V49		66
-----	--	----

*OTHER (specify) :
.

33. DOES THE CHILD HAVE A "ROAD TO HEALTH" CARD ?

YES	1	NO	2
-----	---	----	---

V50		67
-----	--	----

KANTOORGEBRUIK - ANTROPOMETRIESE DATA

V51	RESP NO				1-3
-----	---------	--	--	--	-----

KOLOM NR	4-6	7-10	11-12	13-16	17-18	19-22	23-24	25-26	27-29	30-33	34-35	36-39	40-41	42-45	46-47	48-49
KAART NR	OUD	LENGTE	L-P	GEWIG	G-P	KOP-OMTR	K-P	G vir L - P	OUD	LENGTE	L-P	GEWIG	G-P	KOP-OMTR	K-P	G vir L - P
2																
3																
4																
5																
6																
7																
8																

KANTOORGEBRUIK - ANTROPOMETRIESE DATA

V52	(geslag)		50
V53	(maande)		51-54
V54	(cm-lank)		55-59
V55	(gram)		60-64
V56	(cm-kop)		65-68

24H RECALL OF USUAL FOODINTAKE

1. BREAKFAST (rising - 09:00)		
FOODS	PREPARATION	PORTIONSIZE

2. MORNING SNACK (09:00 - 12:00)		
FOODS	PREPARATION	PORTIONSIZE

3. LUNCH (12:00 - 14:00)		
FOODS	PREPARATION	PORTIONSIZE

4. AFTERNOON SNACK (17:00 - 20 :00)		
FOODS	PREPARATION	PORTIONSIZE

3. SUPPER (17:00 - 20:00)		
FOODS	PREPARATION	PORTIONSIZE

4. LATE NIGHT SNACK (20:00 - SLEEP)		
FOODS	PREPARATION	PORTIONSIZE

QUESTIONNAIRE:HUNGERSCALE

V57	RESP NO				1-3
-----	------------	--	--	--	-----

V58	CARD NO	9	4
-----	---------	---	---

OFFICE USE

	NEVER	SOME-TIMES	MOST TIMES	VER-AND.	
1. Do you worry that your food will run out before you get money to buy more ?	1	2	3	V59	5
2. Does the food that you buy last until you get money to buy more ?	1	2	3	V60	6
3. Do you run out of foods to prepare a meal with, without having any money to buy more?	1	2	3	V61	7
4. Do you worry that you will have food to eat tomorrow ?	1	2	3	V62	8
5. Can you afford to buy the kind of foods that you think your family should eat ?	1	2	3	V63	9

6.	Do you have enough money to eat the way you should ?	1	2	3	V64		1 0
7.	Are your money enough to buy enough food to keep you from getting hungry ?	1	2	3	V65		1 1
8.	Are you most of the times hungry, but you don't eat because you can't afford enough food?	1	2	3	V66		1 2
9.	Do you eat less than you think you should, because you don't have enough money for food?	1	2	3	V67		1 3
10.	Do you have enough money to give your child(ren) a good meal ?	1	2	3	V68		1 4
11.	Do you have enough money to feed your child(ren) the way you think is right ?	1	2	3	V69		1 5
12.	Do you have enough money to give your child(ren) enough food ?	1	2	3	V70		1 6
13.	Is/are your child(ren) sometimes hungry because you don't have enough money to buy food?	1	2	3	V71		1 7



AGREEMENT

THE BREASTFEEDING AND WEANING PRACTICES OF MOTHERS IN THE BOPHUTHATSWANA-AREA (HAMMANSKRAAL) AND THE FEEDINGPRACTICES OF THE CHILDREN AFTER WEANING UNTIL THE AGE OF THREE YEARS.

I (name) _____ hereby give my permission to take part in the abovementioned research study.

I understand that the purpose of the study is to determine what the breastfeeding- and weaningpractices, nutritional knowledge and attitude towards nutrition of the mothers/caretakers are, and what the nutrition practices and nutritional status of the children are, and that my participation in the project will imply the following :

- * the duration of the project will be for a period of approximately two months in which time the clinic will be visited two times on prearranged times in order to give information about myself and my child.
- * with the first visit the following information will be required :
 - ☉ demographic questionnaire (general information about myself and my living conditions)
 - ☉ anthropometrical measurements (measurements of the body of the child)
 - ☉ dietary history (information about the child's eating habits)
 - ☉ hungerscale (questions about the availability of food for the family)
- * with the second visit there will be a groupdiscussion for about one hour (about eating habits, knowledge and attitudes on nutrition), in which I will participate.

Advantages for my participation in the project includes my contribu-tion to the description of the nutritional status of the Hammanskraal community with the result of an intervention afterwards in order to improve the nutritional status of the community, especially the children.

I have had a chance to ask questions and think about the answers.

I understand that I have agreed to take part in the study on a voluntary basis.

I understand that I may withdraw from the study at any stage without any consequences.

I understand that I cannot hold the University of Pretoria responsi-ble for any inconvenience that I may experience because of the study.

HANDTEKENING _____ DATUM _____

GETUIE _____

HANDTEKENING _____ DATUM _____

TUMELANO

LETHLA LA KAROLO YA BO-MME BA BA ANYISANG BANA LE TSELA YA GO BA FEPA
KA DIJO GO FITHLA BA LATLHA LETSELE MO TIKOLOGONG YA KUDUBE
HAMMANSKRAAL.

Nna (leina ka botlalo) _____ Ke naya ka
tumelano le tetla ya gore ke tsaya karolo mo dipatlisisong.

Ke tthaloganya gore lebaka la go ba mo dipatlisisong ke go bona mokgwa o bo-mme ba ba anyisang masea le mosuta wa dijo o bo-mme ba di nayang bana fa ba latlha letsele le kitso ya bo-mme ka mofuta ya dijo mo kgodisong ya ngwana mabapi le phepo. Le go bona seemo sa bana mabapi le phepo eo'ba e bonang fa ba gola :

- * Nako ya tirigalo eno e tla tsaya sebaka sa dikgwedi tse pedi (2 months). Thulaganyo e tla diriwa le kliniki e gaufi le nna gore ketla e etela gabedi go naya bopaki ka ga ngwana wa me.

- * Lethla la ntlho la leeto la kliniki ke tla neela ka botlalo dintlha tse di latelang :
 - ☺ mokgwa wa botshelo ba me ka kakaretso.
 - ☺ bolekania mmele jwa ngwana wa me.
 - ☺ Mokgwa wa thulaganyo ka go ja ga ngwana.
 - ☺ Mofuta wa dija tse re di baakanyang mo lapeng.

- * Lethla la leeto la bobedi kwa kliniking - go tla baana le lekgotla la bomme go buisana mabapi ka ga kitso le mokgwa wa dijo o o nono-fileng. Le nna ke tla baya mongwe wa bo-mmemo lekgotleng le go tsaya karolo.

Mosola wa tiro eo ketsayang tshwetso ya go direla sechaba. Sa bo mmaabana ba Hammanskraal gonthusa ka go ba naya maele le dilgakololo gore batho ba je dijo tse di nonofileng go tshela sentle. Ke bone tshone ya go botsa dipotso le go nagana dikarabo.

Ke ithaupa go tsaya tshwetso eno ya mofuta yono kwa ntle ga pateletso.

Go tswa mo gonna go ikogela morago ga ke sa batla go tswelapele. Ga kena ke pateletsa University of Pretoria, morago ga go boria dintlha kana dikaraboi tseo di sa intumedising.

SETLANO _____ LETLHA _____

PAKI _____

SETLANO _____ LETLHA _____

ADDENDUM B: INTERVIEW SCHEDULE — FOCUS GROUPS
HAMMANSKRAALPROJECT
FOCUSGROUPS : GROUPINFORMATION
DAY :

DATE :

TIME BEGIN :

TIME ENDED :

FOCUSGRUOPLEADER :

AGE CATEGORY	0-3 months	4-6 months	7-9 months	10-12 months	13-24 months	25-36 months
--------------	------------	------------	------------	--------------	--------------	--------------

GROUPMEMBERS :

NO	NAME AND SURNAME : MOTHER / CARETAKER	NO	NAME AND SURNAME : CHILD	AGE - CHILD
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		

FOCUSGROUPSCHEDULE

- (*EG*) = *leading comments to help the focusgroupleader to get better or more relevant responses*
- (* = *subquestions that should be asked after the main question in order to get more useful information*)

A. GENERAL KNOWLEDGE ON INFANT FEEDING AND HEALTH

(Generally speaking and not referring to this child)

1. Who told you about this clinic and the reason that it is here?

.....
.....

2. Who taught you how to care for your baby ?
(meaning bathing, dressing, changing the nappy etc.)

.....
.....

3. How old were you when you were taught how to care for your baby?
*(*EG* mother, grandmother, other family, other adults in the community, clinic staff)*

.....
.....

4. How do you know that your baby is healthy and growing well?

.....
.....

5. Who taught you how to feed your baby ?

.....
.....

6. What is the best kind of milk for a baby ?

.....
.....

* Why is it the best? *(Compare breast- and bottlefeeding with each other and indicate which one is the best and also why)*

.....
.....

* Why is the other option bad ?

.....

.....

7. How long can one continue to breastfeed a baby without giving it anything else to eat or drink ?

.....

.....

* Why ?

.....

.....

* How do you know this ?

.....

.....

8. What does a mother do when a baby is vomiting ?

.....

.....

* Why?

.....

.....

9. What does a mother do when a baby is having diarrhoea ?

.....

.....

* Why ?

.....

.....

* Who taught you this ?

.....

.....

B. BREASTFEEDING

10. Should a baby be breastfed ?

YES / NO

* Why ?

.....

.....

* When not ?

.....
.....

11. How soon after a baby is born should it get breastmilk ?

.....
.....

* Why ?

.....
.....

12. How many times during the day should you normally **FEED** (not comfort) your child ?

.....
.....

13. How many times during the night should you normally **FEED** (not comfort) your child ?

.....
.....

14. How do you decide how long to keep the baby on the breast during each feeding session ?

.....
.....

time, satisfied, asleep

15. How long should you give breastmilk as the one and only feed to the child ?

.....
.....

hours, days, months, years

* Why ?

.....
.....

16. Should the child ever get anything else to eat or drink together with breastfeeding ?

YES \ NO

.....
.....

never, allways, sometimes - specify

IF YES :

* When does the baby get this? (before / after a feed or between feeds)

.....
.....

- * What does the baby get additionally ?

.....
.....

water, sugarwater, formulamilk, solid food

- * Why ?

.....
.....

- * How much of this does the baby get ?

.....
.....

- * How often does the baby get this ?

.....
.....

17. At what age should the child get the first extra fooditem while still breastfeeding ?

.....
.....

specify age or stage of development (sit alone, teeth erupt, etc.) of the child

C. BOTTLEFEEDING

18. Is it general practice to give a newborn baby milk to drink from a bottle ?

YES \ NO

IF NO (leave when yes) :

- * Why ?

.....
.....

IF YES (leave when no) :

- * Who decided that the baby should get bottlefeeding?

.....
.....

family, doctor, self, clinic sister

- * Why ?

.....
.....

.....
.....

19. What was in the bottle (type of milk) ?

.....
 ☞ formula (eg. S26, Nan), powdered milk + water, fresh cowsmilk, fresh goatsmilk, sourmilk, condensed milk + water, Cremora + water, Ideal milk + water, Ultramel milk etc.

IF FORMULA MILK (powdered baby milk):

* What types are used ?
 (allow each person to specify the powder she is using) (give six answers)

.....

☞ (SHOW EXAMPLES OF THE PACKING MATERIALS) : Nan, S26, SMA, Lactogen, Similac, Pelargon, Infasoy, Isomil

* Why do you each use this specific one ?

.....

20. How do you know how to make a bottle of milk for your baby ?

.....
 ☞ decide on your own, read the instructions, clinic sister's advice, mother's advice, etc.
 (SHOW THEM THE PACKAGING AGAIN IF THEY DON'T KNOW)

21. How do you prepare a bottle of milk for your baby ?

(demonstrate please - let one of the mothers demonstrate exactly how she prepares a bottle of 150ml and when she is finished, the other mothers must make comments on the method)

GIVE THEM A REAL BABYBOTTLE AND A TIN OF FORMULA WITH THE SCOOP AND ASK THEM TO DEMONSTRATE WITH 150ml.

Your comments :

☞ ask type and amounts involved eg. 2 teaspoons powdered milk (Numel) and a full bottle (250ml) water

22. What type of water do you use to make a bottle for your baby ?

.....
 * Why ?

.....

23. Do you ever use fresh cow's milk to give to your baby in a bottle?

YES \ NO

IF NO - continue with the next question

IF YES :

Is it necessary to boil fresh cow's milk before you can give it to your baby in a bottle ?

YES \ NO

* If you answered yes or no : why ?

.....

.....

* Do you add anything to cow's milk when you give it to your baby in a bottle ?

YES \ NO

IF NO - continue with the next question

IF YES :

* What ?

.....

.....

* ^{or} *sugar, oil*

* Why ?

.....

.....

24. Do you prepare food or bottles of milk in advance for a day's meals ?

YES \ NO

IF NO - continue with the next question

IF YES :

* Why ?

.....

* Where do you keep it ?

.....

.....

* ^{or} *on the stove, in the cupboard, fridge, shade etc.*

D. WEANING

25. What is the first type of solid food that a baby normally gets to eat ?

.....

commercial baby cereal (Nestum) / babafood (Purity), boiled porridge, boiled porridge mixed with milk, vegetables, fruit, egg etc.

* Why this type specifically?

.....

* What is the next TWO types of foods (in order) that is usually given to the baby ?

.....

* Why these specifically ?

.....

26. When a child starts to eat solid food as a meal, does he/she still get milk to drink as well ?

YES \ NO

IF NO (leave this if they answered yes) :

* How soon after the child starts to eat solid food do you stop to give him / her milk in a bottle / breastfeeding ?

.....

* Why ?

.....

IF YES (leave this if they answered no) :

* What type of milk does he / she drink now ?

.....

formula powdered milk + water, fresh cow's milk, fresh goat's milk, sourmilk, condensed milk + water, Cremora + water, Ideal milk + water, Ultramel milk etc.

* Why ?

.....

.....

* In what does he/she drink the milk?

.....
☞ *plastic mug or cup, glass*

IF THE MILK IS GIVEN IN ANYTHING OTHER THAN A BOTTLE(eg MUG/CUP):

* How is the milk mixed if it is not cow's milk ?

☞ *volume water and amount of milkpowder*

(demonstrate please - let one of the mothers demonstrate exactly how she prepares a bottle of 150ml and when she is finished, the other mothers must make comments on the method)

GIVE THEM A REAL MUG AND A TIN OF MILKPOWDER WITH A SPOON AND ASK THEM TO DEMONSTRATE. (CHECK THE AMOUNTS AS WELL)

Your comments :

.....
* What type of water is used to make the feeds with ?

.....
☞ *tap-, borehole-, pit-, fountainwater*

* What is the temperature of the water used to mix the milk?

.....
☞ *cold-, lukewarm-, warm-, refrigerated tapwater, luke-warm-, refrigerated boiled water, boiling water*

27. How many times does a child get solid food on the same day ?

.....
☞ *1, 2, 3 x times, only when he/she wakes up in the morning, only with the evening meal etc.*

* Why in this way ?

28. What amount of food does the child get each time he/she eats ?

.....
☞ *show examples of teaspoons and tablespoons and ask the amount of units each time*

* Why does he/she get so much ?

.....
.....

29. How much milk does a weaned child get to drink on one day ? (Total volume)

.....
.....

☞ amount of cups, bottles, litres (use examples)

WITH EACH FOCUSGROUP, JUST ASK THE VOLUME THAT THE CHILDREN IN THIS AGEGROUP DRINKS

* Why ?

.....
.....

30. Are the child's food prepared separately from that of the family?

YES / NO

* Why ?

.....
.....

31. Explain how the food for the child is prepared

.....
.....

☞ just boiled - pieces, boiled until soft/mashed, boiled and then mashed, strained

* Are anything added to the child's food during preparation?

.....
.....

☞ water, milk, butter/margarine, sugar, butter /margarine and sugar, oil

* Why ?

.....
.....

E. NUTRITION KNOWLEDGE

32. What causes vomiting in the baby ?

.....
.....

33. What causes diarrhoea in the baby ?

.....
.....

34. How many times a day should an adult eat ?

* Why ?

.....
.....

35. How many times a day should a child eat ?

* Why ?

.....
.....

36. Should you keep the milk/food that is left over from one feed to give to the child the next time that he/she is hungry ?

YES / NO

* Why ?

.....
.....

37. Do you check the milk or food of the child to see if it is not bad/off before you give it to the child?

YES / NO

* Why ?

.....
.....

* How ?

.....
.....

38. Should a baby / child drink milk every day ?

YES / NO

* Why ?

.....
.....

* How much ?

.....
.....

39. Should a child eat meat every day ?

YES / NO

* Why ?

.....
.....

40. If you do not have meat, what can you use in the place of meat ?

.....
.....

eg legumes or soya

* Would you give it to your child ?

YES / NO

* Why / why not ?

.....
.....

41. Should a child eat a starchy food like pap, rice, samp, mealie rice or bread with each meal?

YES / NO

* Why ?

.....
.....

42. Which type of bread is the best to eat - white, brown or wholewheat ?

* Why ?

.....
.....

43. Should a child eat vegetables and fruit every day ?

YES / NO

* Why ?

.....
.....

44. Is it better to eat vegetables and/or fruit cooked or raw ?

.....
* Why ?

.....

45. Should a child eat a lot of fat (oil, butter, margarine) every day?

YES / NO

* Why do you think so ?

.....

* What is the best way to use fat in the diet ?

.....

eg. Spread on bread, fry your food etc.

46. What do you give your baby to drink when he/she is thirsty ?

.....

* Why ?

.....

47. Do you think that it is important to see to it that a baby or young child get enough liquids to drink, every day ?

YES / NO

* Why ?

.....

* What liquids should they get to drink ?

.....

* How much liquid do you think that a child should drink in a day ?

.....

48. Which types of drinks is the best for children to drink between meals ?

.....

.....

* Why these ?

.....
.....

49. What should you eat to :

* **grow the body :**

reason =

.....

* **keep the eyes healthy :**

reason =

.....

* **prevent you from getting sick :**

reason =

.....

* **build teeth and bones :**

reason =

.....

* **give you energy / strength to do your work :**

reason =

.....

* **help sores /scratches to heal quickly :**

reason =

.....

F. ATTITUDE TOWARDS NUTRITION

With each question, let the group respond in a positive / negative way first, and then they should explain the reason for their answer.

(Circle the correct choice below)

50. Do you think that the food you eat is important for good health?

YES / NO

* Why do you think so ?

51. Do you think that a child that looks fat is healthy and well fed?

YES / NO

* Why ?

52. Do you think that the types of food that you eat prevents you from getting ill ?

YES / NO

* Why ?

53. Are you willing to eat foods that you have never eaten before ?

YES / NO

* Why ?

54. Do you believe what the clinic tells you about feeding your child?

YES / NO

* Why do you feel this way ?

55. Do you think that the most foods that you have available to eat, are good for you ?

YES / NO

* Why do you think so ?

56. Do you think that you should have a lot of money to eat healthy?

YES / NO

* Why ?
.....
.....
.....

57. Do you think that it is important to know how to eat healthy ?

YES / NO

* Why ?
.....
.....
.....

58. Do you think that the traditional ways of food preparation are the best ?

YES / NO

* Why ?
.....
.....
.....

* Explain what the traditional ways of food preparation are :

.....
.....
.....
.....

59. Should the father or head of the house always get the biggest portion of food ?

YES / NO

* Why is this so ?
.....
.....
.....

* Do you think that this is the correct way ?

YES / NO

* Why ?
.....
.....
.....
.....

ADDENDUM C: INSTRUCTIONS FOR THE PILOT STUDY

HAMMANSKRAALPROJEK

*

-

LOODSSTUDIE

VOORSKRIFTE VIR ONDERHOUDVOERING

A. VRAELYS (DEMOGRAFIESE-, OMGEWINGS- EN GESONDHEIDSFAKTORE)

Neem noukeurig die inligting in die volgorde soos wat dit op die vraelys verskyn af - vul in waar spasies gelaat is en trek kruisies in die ruimtes daarvoor gelaat. Indien daar enige addisionele inligting wat van toepassing blyk te wees deur die respondent verskaf word, vul dit in in die ruimtes wat daarvoor gelaat is of selfs in die oop ruimtes langs die vrae.

By die vrae waar daar 'n 'ANDER - opsie beskikbaar is, en die respondent maak daarvan gebruik, maak seker dat u volledige beskrywende inligting rondom die antwoord bekom en in die oop ruimtes invul aangesien dit kan lei tot moontlike toevoegings op die vraelys.

By vraag 4 moet beide die ouderdomme van die moeder en kind apart in die twee kolomme ingevul word.

By vraag 9 kan die tipe melk voltooi word ter verklaring.

By vraag 10 moet slegs een van die antwoordtegnieke gebruik word. Vra vir die moeder watter manier die maklikste vir haar gaan wees om te antwoord : ken sy die ouderdomme van die mylpale wat haar kind behaal het, of kan sy net die mylpale as indikator van ouderdom onthou.

By vraag 11 mag daar ook net een opsie gekies word.

By vraag 13 moet elke alternatief deurgegaan word, gemerk word indien dit van toepassing is, en die betrokke aantal persone daarnaas ingevul word.

B. ANTROPOMETRIESE INLIGTING

Probeer om die betrokke kind se "Road to Health" kaart te bekom vir die invul van al die nodige inligting vir vraag nr 1 en 2.

Vir vraag nr 3 sal u al die metings self moet doen, behalwe die eksakte ouderdom van die kind, wat u vanaf die kind se kliniekaart kan kry of vanaf die moeder :

- lengte - meetmat (Nestlé)
(maak seker dat die kind plat lê wanneer die lengtemeting geneem word)
- massa - elektroniese skaal (moeder + baba)
- kopomtrek - kopomtrekmeetband
(maak seker dat die kopband styf om die kind se kop pas (let op na moontlike hareprobleme)

C. 24H HERROEP VAN GEWOONTELIKE INNAME

Hierdie vorm is vir die neem van 'n dieetgeskiedenis van die kind van die moeder en **NIË** van die moeder self nie.

Begin u ondersoek deur te verneem of die vorige dag se eetpatroon van die kind dié van 'n tipiese dag was:

- * indien wel - neem gister se eetpatroon af.
- * indien nie - stel met behulp van die moeder/versorger 'n gewoontelike eetpatroon van die kind vas.

Verduidelik net vinnig wat die dieetgeskiedenis behels :

- * 'n Dieetgeskiedenis is 'n metode wat gebruik word om 'n gewoontelike eetpatroon vas te stel.
- * Vertel dus vir my wat u kind gewoonlik alles eet of drinkvandat hy/sy wakker word in die oggend, totdat hy/sy weer gaan slaap in die aand.
(Onthou ook as dit nog 'n baba is dat die kind gedurende die nag ook moontlik iets mag drink - voltooi dit dan by die laataand tydvak en dui slegs langsaan aan wanneer die baba elke keer drink)

As die persoon nie spontaan wil vertel nie, gee leiding deur elke tydvak afsonderlik te bespreek. Noem die tydvak, laat die respondent toe om te vertel wat haar kind alles gedurende die periode eet en drink, en as sy klaar is, kontroleer dit dan ten opsigte van die detailinligting wat nog nodig mag wees

Kontroleer ALLE hoeveelhede noukeurig. Maak gebruik van die gegewe eetgerel om huishoudelike/volume mates te bekom:

- A. Blikbord - 600ml gelykvol tot by die rand van die bord
- B. Blikbeker - 400ml gelykvol
- C. Plastiekglas - 300ml gelykvol ; 210ml tot by 1^e randjie

- D. Plastiekpappakkie - 600ml gelykvol ; 290ml halfvol
- E. Glasbakkie - 400ml gelykvol ; 175ml halfvol (tot byronding)
- F. Porseleinbord - 500ml gelykvol tot by gekleurde rand
- G. Porseleinkoppie en piering - 225ml gelykvol ; 200ml koffievool
- H. Plastiekeetlepel - 10ml gelykvol ; 20ml hoogvol
- I. Plastiekteelepel - 5ml gelykvol ; 7ml hoogvol
- J. Metaaleetlepel - 10ml gelykvol ; 20ml hoogvol
- K. Metaalteelepel - 5ml gelykvol ; 7ml hoogvol

Elke item sal agterop gemerk wees en u kan net die letter as verwysing byskryf in u notas vir duidelikheid.

Kontroleer ALLE gaarmaakmetodes noukeurig - veral ten opsigte van die byvoeging van vet/ olie/ margarien/ suiker.

Moenie dink dat jy weet wat 'n persoon bedoel nie. Maak altyd doodseker dat jy reg verstaan het.

Skryf ALLES neer wat jy uitvind (Ek moet tot presies dieselfde gevolgtrekking kan kom as jy)

Moenie woorde in die respondent se mond lê nie - laat sy self bepaal hoeveel die kind eet of drink. Gebruik die huishoudelike meeteenhede vir hierdie doel.

Indien die respondent nog 'n baie klein babatjie is wat nog nie eet nie - skryf dit dan so op die vorm neer en probeer om vas te stel hoeveel melk die baba inneem (borsvoeding : aantal kere per dag asook die lengte van voeding ; bottelvoeding : die aantal bottels asook die volume melk asook die tipe en aanmaakmetodes ter sprake)

METODE

1. Eet of drink u kind enigiets vandat hy/sy opstaan in die oggend tot 09:00 in die oggend ?

Kontroleer:

- drankie byvoorbeeld koffie/tee : tipe melk/verromer, suiker/tablette
- melk/Nesquick/vrugtesap/koeldrank : spesifiseer tipes en aanmaakmetodes
- beskuit/koekies
- tipe pap (veral tov konsistensie van gekookte pap) of gebruik van babapap

- bepaal hoedat die pap aangemaak word tipe melk en suiker of margarien in pap
 - tipe brood en dikte daarvan
 - tipe margarien of konfyt op brood
 - vrugte (let op na konsistensie)
 - proteïengeregte en gaarmaakmetode
 - Purity vir die babas
2. Eet of drink u kind enigiets tussen 09:00 en 12:00 ?
- Kontroleer:
- drankie byvoorbeeld koffie/tee (byvoegings)
 - koeldrank / vrugtesap (tipe)
 - melk (tipe)
 - koekies/beskuit
 - toebroodjies :
 - tipe brood en dikte
 - margarien of smere
 - vulsel
 - lekkergoed : sjokolade/suiglekkers
 - vrugte
3. Wat eet en drink u kind alle tussen 12:00 en 14:00 ?
- Kontroleer:
- drankie (soos voorheen)
 - toebroodjies (soos voorheen)
 - pap (soos voorheen - let op na babapap)
 - Purity vir babas
 - gekookte etes : gaarmaakmetodes, byvoegings in geregte/groente en souse by pap of vleis
 - vrugte
 - nagereg/lekkergoed
4. Wat eet of drink u kind alles tussen 14:00 en 17:00 ?
- Kontroleer:
- drankie - spesifiseer tipe (tee/koffie/koeldranke/vrugtesap/melk)
 - vrugte
 - koekies/beskuit
 - vrugte
5. Eet of drink u kind enigiets tussen 17.00 en 20:00 ?
- Kontroleer :
- drankie (soos voorheen)
 - toebroodjies (soos voorheen)
 - pap (soos voorheen - let op na babapap)

- Purity vir babas
- gekookte etes : gaarmaakmetodes, byvoegings in geregte/groente souse by pap of vleis vrugte
- nagereg/lekkergoed
- kombinasiegeregte (alle bestanddele)

(Bepaal watter ete die hoofete is en gebruik dan 'n tweede voorbeeld om sodoende 'n gemiddelde inname te kan vasstel)

6. Wat eet of drink u kind vanaf 20:00 totdat hy/sy gaan slaap ?

Kontroleer:

- koffie/tee
- koeldrank/vrugtesap
- warm drank soos Milo/Nesquick
- melk
- beskuit/koekies/koek
- toebroodjies
- vrugte
- lekkergoed

ONTHOU OM TE VRA WAT EN HOEVEEL BABAS GEDURENDE DIE NAG INNEEM EN SPESIFISEER TELKENS DIE TYD VAN INNAME

KRUISKONTROLE

(Skryf neer op die volgende bladsy vir kantoorgebruik en merk KK)

1. Hoeveel koppies koffie drink u kind elke dag ?
2. Hoeveel koppies tee drink u kind elke dag ?
3. Hoeveel melk drink u kind op 'n dag ?
4. Gebruik u ooit kaas of joghurt vir u kind se etes ?
5. Hoeveel lekkergoed eet u kind daaglik ?
(sjokolade, suiglekkers, aartappelskyfies)
6. Hoeveel vrugte eet u kind elke dag ?
7. Hoeveel koeldrank drink u kind elke dag ?

D. HONGERSKAAL

Voltooi deur telkens slegs die vraag te vra en dan een van die drie responsmoontlikhede te merk.

Spesifiseer telkens vir die respondent dat :

- * die eerste groep vrae oor haar huishouding vir haar hele gesin gaan,
- * dat die tweede groep vrae oor haarself gaan
- * dat die derde groep vrae oor haar kind/ers gaan.

LET GEDURIG OP NA:

♦ die tyd wat dit neem om elke deel van die vraelys te voltooi, asook totale tyd :

TYD	1	2	3	4	5	6	7	8	9	10
VRAELYS										
ANTROPO- METRIE										
DIEETGESK.										
HONGER- SKAAL										
TOTALE TYD										

A. Vraelys -

B. Antropometrie -

C. Dieetgeskiedenis -

D. Hongerskaal -

E. Totale tyd -

♦ die gemak waarmee die vrae gevra en voltooi kan word

.....

♦ die verstaanbaarheid van die vrae

.....

.....

♦ merk die vrae duidelik waarmee u enigsins probleme ten opsigte van voltooiing het. Dui ook telkens aan hoedat u dit sou verander om dit te verbeter en te laat werk

.....

.....

- ◆ beskryf enige probleme of frustrasies wat u gedurende die hele proses ervaar neer en poog ook om alternatiewe voorstelle te maak
- ◆ al die gedeeltes wat met kantoorgebruik gemerk is kan u bloot ignoreer - dit is vir gebruik deur die navorser.

ADDENDUM D: TRAINING INSTRUCTIONS FOR INTERVIEWERS — INDIVIDUAL INTERVIEWS

HAMMANSKRAAL PROJECT
GUIDELINES FOR INTERVIEWERS

A. QUESTIONNAIRE (demographic-, environmental- and health factors).

Take down the information in the questionnaire carefully in the order as it appears in the questionnaire.

Draw crosses in the blocks left open at each question.

Fill in the necessary information in the open spaces provided at each question and please write anything you think is useful information down. We can always decide later to use it or not.

At all times leave open the blocks on the LEFT SIDE of the page at each question or where it indicates "kantoorgebruik". These spaces are for office use only.

At the questions where there appears an "OTHER" option, and the mother/caretaker uses it, please give a detailed description of the specific other answer she supplies.

At question 5 both the ages of the mother and the child must be given separately in the columns supplied.

At question 10, use the examples of milk containers to identify the exact type of milk that the child is using. If it is not one of the examples, try to find out exactly what milk is used.

With question 11 only one of the two tables on the page should be filled in. Start at the top and first ask the age of the child when he first received solid food to accompany the milk feeds. If the age cannot be given, continue rather to the physical indicators of age.

At question 12 more than one answer given may be applicable to the situation of the mother. Please try to find out what the MAIN or MOST IMPORTANT reason for starting to give solid food to the baby was.

At question 15 you will also have to write in the answers in two columns on the right hand side of the page. First ask the people as named in the column, one after the other - if the mother / caretaker answers yes, mark the column **X** with a cross next to the name, then ask how many people of that kind is living there, and then write in the answer next to the cross you made.

FOR EXAMPLE : **X** NUMBER

Other children x 5

At question 21 please let them describe each of the number of rooms that they specified and write it down in the space allowed, e.g. 4 rooms which are a kitchen and dining room in one, a family/sitting room, two bedrooms.

Pages 15, 17, 19 and 21 can be skipped as they are for OFFICE USE ONLY, and you don't have to fill it in.

B. ANTHROPOMETRIC INFORMATION (measurements)

Get the child's "Road to Health" card from the mother and use it to fill in the necessary information for questions 1-3 on page 14 of the questionnaire. If the child has no card, try to get as much information as possible from the mother.

For question 3b (current information) you will have to measure the child yourself and get the exact age either from the child's card or from the mother herself :

length - measuring mat (Nestlé)

make sure that the child lies flat, no shoes on, and with the heel right down to the floor. If the child kicks a lot, let the mother help to hold the baby's head and you hold down the child's foot while rolling back the mat to the base of the foot - then let her take the baby away while you read the measurement.

weight - use the electronic scale, first measure the mother, zero the scale, and then put the baby in the mothers arms to determine the child's weight.

head circumference - use the special headband to measure the child's head. If the child has a headband/ribbon in the hair, it should be taken out, and the hair should be flattened.

C. 24 HOUR RECALL OF USUAL FOOD INTAKE (diet history)

This form is to take a diet history from the child's eating habits and NOT from the mother / caretaker's eating habits.

Ask first if the previous day was a typical/normal day. If so, ask them to tell you about that. If not you must discuss with her what a typical intake usually is.

A diet history is just another way to find out what the usual eating pattern of a person is. It works this way:

The mother must tell you exactly and in detail everything that the child eats or drinks from the first time that he/she opens his/her eyes in the morning, until he goes to bed at night. Even that which the child will drink during the night should be written down. Sometimes the mother will not tell you everything at once, so lead her through each timeslot of the day and find out in detail what is ingested.

It is very important to check ALL THE AMOUNTS carefully. Use the given cutlery and crockery to determine how much is eaten :

- A. Tin plate - 600mL level to the rim of the plate
- B. Tin mug - 400mL level
- C. Plastic glass - 300mL level; 210mL up to first rim
- D. Plastic porridge dish - 600mL level; 290mL half full
- E. Glass dish - 400mL level; 175mL half full
- F. Porcelain plate - 500mL level to coloured ring
- G. Porcelain cup and saucer - 225mL level; 200mL as for coffee
- H. Plastic tablespoon - 10mL level; 20mL high full
- I. Plastic teaspoon - 5mL level; 7mL high full
- J. Metal tablespoon - 10mL level; 20mL high full
- K. Metal teaspoon - 5mL level; 7mL high full

Each item shall be marked at the back and you can only write the letter at the back down to indicate which was used.

Control ALL cooking methods carefully - especially the additions of fat/ oil/ margarine/ sugar.

Do not think that you know what the lady meant, check to see if you understood her correctly.

Write down EVERYTHING that you find out (I must come to the same conclusion as you)

Do not lead the mother - let her say for herself exactly what she meant how much the child eats and drinks. Use the measuring units supplied to help her to indicate how much is eaten by the child.

If the child is still a very small baby that does not eat yet - write it down like that and try to determine how much milk the child drinks (breastfeeding : amount of times per day as well as the duration of the feed ; bottle feeding : the amount of bottles as well as the volume of milk and the type and mixing methods used)

METHOD

1. Eat or drink your child anything from when he/she gets up in the morning till 09:00 in die morning?

Control:

- drinks for example coffee/tea : type milk/creamer, sugar/tablets
- milk/Nesquick/fruit juice/cooldrink : specify types and mixing methods
- biscuits/cookies
- type of pap (consistency of cooked pap) or if baby cereal is used - how is it made, type milk and sugar or margarine in cereal
- type of bread and thickness
- type of margarine or jam on bread
- fruit (check the consistency)
- protein dishes and cooking methods
- Purity

2. Does the child eat or drink anything between 09:00 and 12:00 ?

Control:

- drinks like coffee/tea (check additions)
- cooldrink / fruit juice (type)
- milk (type)
- cookies/biscuits
- sandwiches : type of bread and thickness,
margarine or spreads or fillings
- sweets : chocolates/glucose sweets
- fruit

3. What does your child eats or drinks between 12:00 and 14:00 ?

Control:

- drinks (as previously)
- sandwiches (as previously)
- pap (as previously)
- Purity for babies
- cooked meals : cookingmethods, additions in dishes/vegetables and sauces with pap or meat
- fruit
- dessert/sweets

4. What does your child eat or drink between 14:00 and 17:00 ?

Control:

- drinks (as above) (tea/coffee/cooldrinks/fruit juice/milk)
- fruit
- cookies/biscuit

5. Eat or drink your child anything between 17:00 and 20:00 ?

Control:

- drinks (as above)
- sandwiched (as above)
- pap (as above - check baby cereal)
- Purity for babies
- cooked meals : check cooking methods, additions in dishes and vegetables, sauces with meat and pap
- fruit
- dessert/sweets
- combination dishes (all ingredients)

(Determine which meal is the main meal and get a second example of a menu as eaten previously)

6. What does your child eat or drink from 20:00 till he/she goes to bed ?

Control:

- coffee/tea
- cooldrink/juice
- warm drinks like Milo/Nesquick
- milk
- biscuits/cookies/cake
- sandwiches
- fruit
- sweets

REMEMBER TO ASK WHAT AND HOW MUCH BABIES DRINK DURING THE NIGHT AND SPECIFY THE TIME OF INTAKE

CROSS CONTROL

(You can write at the bottom of the page marked "kantoorgebruik")

1. How many cups of coffee does your child drink every day ?
2. How many cups of tea does your child drink every day ?
3. How much milk does your child drink in a day ?
4. Do you ever use cheese or yoghurt for your child's meals ?
5. How much sweets does your child eat during the day ?
(chocolates, sweets, chips)
6. How much fruit does your child eat every day ?
7. How much cooldrinks does your child drink every day ?

D. HUNGER SCALE

Complete by asking the questions and marking only the most appropriate answer.

**ADDENDUM E: TRAINING INSTRUCTIONS FOR MODERATORS / INTERVIEWERS —
FOCUS GROUP INTERVIEWS**

HAMMANSKRAAL PROJECT

INSTRUCTIONS FOR FOCUS GROUP INTERVIEWS

You should practice supportive leadership while being the leader of a focus group. This means showing concern for the well-being and personal needs of the group members.

Be friendly,
approachable,
considerate,
create a friendly atmosphere,
treat group members as equals.

They should NOT feel threatened or like they are being evaluated at all.

Rather they should feel like they are free to express themselves openly and without concern - if others are agreeing or disagreeing.

They should also feel free to talk.

It is important to also remember that everybody does not have to give the same / different answer. It is good if everybody just give their own opinion - even if it is different to the next person's opinion. Everyone therefore just says what she feels or what she thinks is correct. There are NO correct or wrong answers to the questions asked.

If participants are not involved enough, you must involve them all by asking each one directly what they think about the current question. Ask the question to the group and let them than discuss it between themselves and give their own opinions.

You may NOT help them give an answer, or give them your opinion. You must rather probe and question them more so that they could answer in detail.

Listen carefully to what is said, and if it becomes totally irrelevant, stop the discussion. There is no time for social discussions.

Please avoid putting friends together, they influence each other too much.

PROCEDURE:

1. Get seven chairs around a table in a closed room (if possible or a quiet place)
The tape recorder will be on the table/
2. Try to organize the group in a circle - you will get a better conversation that way.
3. Get the list of names from the group so that you can address each member on his/her name.
4. Introduce the observer (Mrs Kruger) to the group.
Tell them she will only observe what is happening and will not be involved at all.
5. Tell them that the discussion will be tape recorded but that all the information will stay confidential and that only us (researchers) will hear it.
The recording is necessary so that you (interviewer) could write a decent report after the discussion.
6. If anybody is not happy with the situation, they may leave now (but would not receive a food parcel).
7. Please create an atmosphere of trust and openness.
Do not laugh about the questions or say that this is funny / stupid. Rather take it seriously and tell them that this is going to be fun, especially to hear what everyone thinks.
8. Tell them what the study is all about:
we are trying to determine how the people living in Hammanskraal are feeding their children, aged 0-36 months, and what they know about nutrition and how they feel about it.
This is necessary because nothing is known about the people in Hammanskraal, and if we know more about what, how and why mothers are feeding their children, we can plan something to help the people.
9. Tell the group the order of the proceedings:
 - ☞ Introduction -
everyone gets a chance to say her name, her child's name and how she is feeding her child.
 - ☞ Explain the order of the subjects to be discussed -
 - general knowledge on infant feeding and health,
 - breast feeding
 - bottle feeding
 - weaning
 - = nutrition knowledge
 - = attitudes towards nutrition.

☞ Method:

I (moderator) will ask a question to you (the group) and you will respond by discussing the issue or by giving your opinion about the subject. Please don't only give yes / no replies.

☞ Everybody will get a chance to say what she thinks.

According to Stewart & Shamdasani (1990:92-93), typical opening may take the following form:

Before we begin our discussion it will be helpful for us to get acquainted with one another. Let's begin with some introductory comments about ourselves. X, why don't you start and we'll go around the table and give our names and a little about what we do for a living.

Today we're going to discuss an issue that affects all of you. Before we get into our discussion, let me make a few requests to you. First, you should know that we are tape recording the session so that I can refer back to the discussion when I write my report. If anyone is uncomfortable with being recorded please say so and, of course, you are free to leave. Do speak up and let's try to have just one person speak at a time. I will play traffic cop and try to assure everyone gets a turn. Finally, please say exactly what you think. Don't worry about what I think or what your neighbour thinks. We're here to exchange opinions and have fun while we do it. Why don't we begin by introducing ourselves?

ADDENDUM F: VISUAL AIDS AND EQUIPMENT USED DURING THE FOCUS GROUP INTERVIEWS

Visual aids that was used for the interview process included the following :

- # Food samples: - bread, 30-60 g thick slices
- weighed apples and oranges to use for the sizes of fruits
- # Empty containers: - yoghurt jars
- coffee creamer sachets (Ellis Brown)
 - milk powder sachets (Nespray)
 - fresh milk sachets (empty)
 - Purity jars
 - peanut butter jars
 - Empty formula milk containers of all the easily available brands (Nan, SMA, S26, Lactogen), and a baby bottle and one tin of expired formula milk to use to make samples of formula feeds during the focus groups.
 - Nestum containers and dry cereal to use for the demonstration of the mixing method
- # Cutlery and crockery: - used to obtain household measures / volumes and to determine portion sizes. Each item was marked on the back (with the appropriate alphabet number and the volume) for the interviewer to use for the ease of recording all the volumes and weights:
- A. Tin plate - 600 ml level to the rim of the plate
 - B. Tin mug - 400 ml level full
 - C. Plastic glass - 300 ml level full; 210 ml up tot the first rim
 - D. Large plastic bowl - 600 ml level full; 290 ml half full
 - E. Glass bowl - 400 ml level full; 175 ml half full
 - F. Porcelain plate - 500 ml level full to the coloured rim
 - G. Porcelain cup and saucer - 225 ml level full; 200 ml full as for coffee
 - H. Plastic dessertspoon - 10 ml level full; 20 ml high full
 - I. Plastic tea spoon - 5 ml level full; 7 ml high full
 - J. Metal dessertspoon - 10 ml level full; 20 ml high full
 - K. Metal tea spoon - 5 ml level full; 7 ml high full
 - L. Small plastic bowl - 150 ml half full; 250 ml level full

Refreshments were also provided during the focus group interviews. This was necessary to make the interview as acceptable as possible for the respondents as it was expected to last between one to two hours, during the hottest time of the year!. Furthermore it was important to keep the children happy during the time that their mothers were busy with the group. The following items were prepared and taken along for each of the focus groups:

- One large bag of cheese curls for the children to eat,
- One packet of Smarties and Fruit pastils / biscuits for the children ,
- Bags with approximately three chocolates per person from boxes of Quality Street and Black Magic chocolates for the mothers,
- Different flavours of Lecol Squeeze 'n Drink cold drink,
- Plastic litre bottles with previously frozen water to mix the cold drinks with. By the time the interviews started, the water was defrosted but still very cold. This was very important considering the circumstances in which the groups were taking place - very cramped, extremely hot and stuffy, and very uncomfortable. The cold drinks were always very welcome,
- Polystyrene cups.

The **food hampers** that the mothers received, contained the following items :

- 1 x 2.5 kg maize meal
- 1 x 500 g Nestum (soya type - add water for reconstitution) / or Knorrox soya product
- 2 x 100 g Nespray milk powder
- 2 x packets instant noodles
- 4 x or more packets instant soup

These items were prepacked in a white plastic bag and tied with a red or green ribbon. Each respondent received one food hamper after completion of the interview and the focus group.

ADDENDUM G: STANDARD CONVERSIONS AND FOOD CODES USED IN THE ANALYSIS OF DIETARY INTAKES (MRC food composition and food quantities tables)(85,105)

CODES	FOOD	PORTION SIZE
0002	Milk, condensed, whole, sweetened	5mL=8g 1LTsp=6g
0004	Custard, whole milk, custard powder	5mL=40g 1LDsp=13g 1LTbsp=40g 125mL=125g
0006	Milk, whole, fresh	mL=g
0009	Milk, whole, powder eg Nespray	5mL=2g 7mL=3g 1HTsp=4g 1HTbsp=15g 125mL=50g
0011	Cheese - sliced - grated	1 slice, 85x25x2=8g 1HTsp=5g 1HDsp=12g 1HTbsp=15g 125mL=45g
0018	Cheese spread	mL=g
0020	Joghurt, low fat, fruit, sweetened	1 small container=175mL
0028	Lactogen, no2	1 scoop=4g
0030	S26	1 scoop=4g
0039	Cremona	1HDsp=8g 1HTbsp=15g 125mL=60g
0053	Isomil	1 scoop=4g
0054	Nan	1 scoop=4g
0059	Lactogen, no1	1 scoop=4g
0085	Maas (Amasi, sour milk, inkomazi)	mL=g
0094	Isomil, reconstituted	mL=g
0095	Similac, reconstituted	mL=g
0096	Similac	1 scoop=4g
0104	S26, reconstituted	mL=g
0107	S26 - Infagro, follow-up	1 scoop=4g
0108	S26 - Infagro, reconstituted	mL=g
0111	SMA	1 scoop=4g

CODES	FOOD	PORTION SIZE
0112	SMA, reconstituted	mL=g
0115	Similac 60/40, reconstituted	mL=g
0117	Nan, reconstituted	mL=g
0119	Lactogen, no1, reconstituted	mL=g
0120	Lactogen, no2, reconstituted	mL=g
0128	Nesquick, powder	1HTsp=6g 1HDsp=14g
0129	Milk, whole, powder, reconstituted	mL=g
0501	Baby cereal, wheat, dry (Nestum 1)	4 H Dsp make 125mL 1HDsp=5g 1HTbsp=8g 1LTbsp=5g 1HTsp=2g 125mL=25g
0503	Baby cereal, wheat, dry (Nestum 2)	4 H Dsp make 125mL 1HDsp=5g 1HTbsp=8g 1LTbsp=5g 1HTsp=2g 125mL=25g
0505	Baby cereal, containing milk, dry (Cerelac)	1HTbsp=10g 1LTbsp=5g one unit, 15mL=5g
0518	Purity - mixed vegetables	large bottle = 200mL small bottle = 125mL 1HTsp=11g 1LTsp=5g
0528	Purity - vanilla custard	large bottle = 200mL small bottle = 125mL 1HTsp=11g 1LTsp=5g
0529	Purity fruit juice, strained	Jar = 125mL/g
0532	Purity - fruit	large bottle = 200mL small bottle = 125mL 1HTsp=11g 1LTsp=5g
0535	Fruit juice, average - baby foods	mL=g
1001	Egg, boiled	1 large=50g 1 yolk=20g
1003	Egg, fried in sun oil	50g+2goil=52g 1HDsp=20g
1036	Egg, raw, whole	1 large=50g

CODES	FOOD	PORTION SIZE
1505	Beef, minced, panfried regular	1HTsp=10g 1HDsp=25g 1HTbsp=40g 125mL=100g
1515	Beef, liver, fried	110x60x10=80g
1521	Chicken, boiled, light and dark meat and skin	1 drumstick=40g 1 wing=30g
1585	Beef, minced, savoury (regular),(tomato+onion)	1HDsp=30g 1HTbsp=40g 125mL=115g
1609	Chicken feet	1=30g
1610	Chicken livers/giblets, cooked	liver=30g (1tbsp) heart=6g stomach=20g
1619	Beef, stew, cabbage (fat meat)	
2557	Fish - Pilchards in tomato sauce - mashed	1HTsp=12g 1HDsp=30g 1HTbsp=45g 125mL=130g
3008	Gravy, meat (50% fat, unthickened)	mL=g
3009	Gravy, meat (ff stock, vegetables, thickened)	mL=g
3049	Soup powder, veg and beef, commercial, reconstituted - prepared with water	mL=g
3054	Soup powder, average, reconstituted - prepared with water	mL=g
3506	Peas - legumes (split), cooked	1HTsp=7g 1HDsp=15g 125mL=85g
3518	Soya, dried, cooked	1HDsp=20g 1HTbsp=35g 125mL=80g
3527	Toppers, cooked	1HTsp=12g 1HDsp=25g 1HTbsp=25g 125mL=120g
3542	Beans, sugar, dried, cooked	1HDsp=35g 1HTbsp=50g 125mL=100g

CODES	FOOD	PORTION SIZE
4001	Bread, white	1 slice, 1cm=30g 1,8cm=40g
4002	Bread, brown	1 slice, 1cm=30g 1,8cm=40g
4007	Cookies, commercial, plain	one=10g
4032	Rolled oats/oatmeal, cooked	mL=g 1HTsp=9g
4034	Maltabella, cooked	mL=g
4040	Rice, white, cooked	1HDsp=20g 1HTbsp=25g 125mL=65g
4043	Mealies - mealierice - samp	1HDsp=15g 125mL=65g 1HDsp=30g 125mL=125g
4067	Cheese curls	1 small pack=30g 125mL=11g 150mL=13g
4254	Maize porridge, cooked - soft	mL=g 1HDsp=25g 1HTbsp=40g
4255	Maize porridge, cooked - stiff	mL=g 1HDsp=40g 1HTbsp=75g
4275	Simba chips	1 small pack=30g
6508	Margarine, brick	mL=g
6509	Peanutbutter	mL=g 1HTsp=12g 1HDsp=25g
6513	Mayonnaise	1HTsp=10g 1HDsp=28g
6536	Oil	1Tsp=4g 1Dsp=8g 1Tbsp=12g 125mL=110g
7001	Apple, raw	small=80g medium=150g large=220g
7003	Apricot, raw	small, 42x40=35g

CODES	FOOD	PORTION SIZE
7009	Banana, raw	1 medium=120g unpeeled 75g peeled
7013	Fig, raw	small, 40x35=25g medium, 45x44=40g large, 45x52=55g
7020	Grapes, raw	1 grape - 22x16=4g 125mL=90g 1 bunch, 85x60=110g
7021	Guava, raw	small=50g medium, 60x55=95g large, 65x55=130g
7024	Guava juice, sweetened	mL=g
7026	Mango, raw	135x75=480g unpeeled 350g peeled
7028	Nartjie, raw	small, 52x40=50g medium, 55x44=75g large, 70x50=120g
7031	Orange, raw	small=100g unpeeled 80g peeled medium=150g unpeeled 120g peeled large=255g unpeeled 180g peeled
7032	Orange juice, fresh	mL=g
7033	Orange juice, canned, sweetened	Plactic container=350mL mL=g
7034	Paw-paw, fresh	wedge - 16x26x27=90g 125mL=70g 1HDsp=20g
7036	Peach, raw	1 med - 65x60=150g 1 small - 53x50=80g
7044	Strawberry, raw	1 medium, 32x28=12g
7047	Watermelon, raw	1 slice, 330x70=220g
7052	Pineapple, raw	whole=420g ring, 85x10=40g
7053	Pear, raw	1 med - 80x68=165g 1 small - 60x52=100g
7069	Prune, dried, raw	1 medium=8g
7107	Litchi, raw	25x20=8g
7126	Pomegranate, raw	90x90=200g, peeled 450g, unpeeled
7164	Liquifruit - peach and orange	mL=g

CODES	FOOD	PORTION SIZE
8002	Greenbeans, pieces 3cm long	1HDsp=15g 1HTbsp=20g 125mL=65g
8005	Beetroot, salad, grated	1HTsp=10g 1HDsp=20g 1HTbsp=25g 125mL=120g
8023	Cauliflower, cooked	1HTsp=10g 1HDsp=25g 125mL=80g
8025	Cucumber, grated sliced	1HTsp=8g 1HDsp=20g 125mL=90g 1 small slice=5g 1 medium slice=10g 1 large slice=15g
8026	Peas, fresh, cooked	1HTsp=8g 1HDsp=20g 125mL=85g
8033	Mealie, whole	13cm=120g 15cm=135g
8046	Potato, boiled	small=60g medium=80g large=150g
8067	Carrots, cooked	1HDsp=18g 1HTbsp=25g 125mL=75g
8069	Pumpkin, wintertype, cooked (Hubbard)	1HTsp=15g 1HDsp=30g 125mL=105g
8070	Gem squash, cooked (pumpkin, summer type)	1 half, 72mm=45g (med) 1HDsp=17g 125mL=105g
8071	Spinach, cooked	1LDsp=20g 1HDsp=25g 125mL=90g
8077	Tomato, fried in sun oil	1 slice, 75x10mm=35g
8122	Cabbage, sauteed in oil	1HDsp=20g 125mL=80g
8123	Cabbage, cooked - potato + onion, HM	1HDsp=25g 1HTbsp=35g 125mL=80g
8125	Cabbage, cooked (pot, onion, sun oil)	1HDsp=25g 1HTbsp=35g 125mL=80g

CODES	FOOD	PORTION SIZE
8187	Potato, mashed (WM, HM)	1HTsp=15g 1HDsp=30g 1HTbsp=50g 125mL=125g
8211	Spinach, cooked with oil	1HDsp=25g 125mL=90g
8229	Beetroot, leaves, cooked	1HDsp=25g 125mL=90g
8244	Tomato and onion, stewed, no sugar	1HDsp=25g 125mL=140g
9001	Cold drink eg Coke (carbonated beverage)	Can=340mL
9002	Oros/Squash	mL=g 1 small plastic mug=125mL
9008	Jam, smooth	1LTsp=8g 1HTsp=15g 1LDsp=15g 1HDsp=30g 125mL=160g
9009	Sweets, sucker	small=5g large=15g
9010	Sweets, chocolate, milk	one unit=5g 20 units=100g (1 slab)
9012	Sugar, white	5mL=4g 1HTsp=10g 1HTbsp=25g 125mL=100g
9032	Sugar, brown	1HTsp=10g
9513	Coffee, brewed/instant	mL=g
9514	Tea, brewed	mL=g
9560	Rooibos tea, brewed	mL=g

KEY: TSP = 3 mL average ordinary household teaspoon
 DSP = 7 mL average ordinary household dessertspoon
 TBS = 12 mL average ordinary household tablespoon
 LS = 30 mL ladle
 L = level
 H = heaped

ADDENDUM H: ANALYSIS CATEGORIES USED FOR THE DATA REDUCTION PHASE OF THE QUALITATIVE RESEARCH METHODOLOGY

FOCUS GROUP SCHEDULE - ANALYSIS CATEGORIES

INSTRUCTIONS FOR CATEGORISING THE DATA IN THE TRANSCRIPT:

1. Read through each question.
2. Read through all the identified categories (first column).
3. To clarify the categories, read through the definition or description given in the next column (column two).
4. Read through the responses in the transcript.
5. Choose the most suitable category for each response and write the response number in the column provided (column three).
6. An additional category of "Other" is provided if you feel that none of the specified categories apply. If you feel another category should be specified, please indicate this category under "Other" as well.

A. GENERAL KNOWLEDGE ON INFANT FEEDING AND HEALTH

1. Who told you about this clinic and the reason that it is here?
 - 1.1 persons / objects mentioned:

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Micro environment	closest people to an individual like family	
Meso environment	people or objects in the community	
Other:		

- 1.2 reasons mentioned:

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Because of illness	seeking help when ill	
Growth monitoring	of babies and young children	
Immunization	of babies	
Advice	on aspects such as feeding or general care	
Other:		

2. Who taught you how to care for your baby ?
 (meaning bathing, dressing, changing the nappy etc.)

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Micro environment	closest people to an individual like family	
Meso environment	people or objects in the community	
Other:		

4. How do you do you know that your baby is healthy and growing well?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Clinical evaluation	physical appearance, good general health, no diseases present	
Anthropometrical evaluation	within applicable weight and height range	
Food intake behaviour	healthy appetite, child is eating properly	
Other:		

5. Who taught you how to feed your baby ?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Micro environment	closest people to an individual like family	
Meso environment	people or objects in the community	
Other:		

2. Who taught you how to care for your baby ?
 (meaning bathing, dressing, changing the nappy etc.)

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Micro environment	closest people to an individual like family	
Meso environment	people or objects in the community	
Other:		

4. How do you do you know that your baby is healthy and growing well?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Clinical evaluation	physical appearance, good general health, no diseases present	
Anthropometrical evaluation	within applicable weight and height range	
Food intake behaviour	healthy appetite, child is eating properly	
Other:		

5. Who taught you how to feed your baby ?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Micro environment	closest people to an individual like family	
Meso environment	people or objects in the community	
Other:		

6. What is the best kind of milk for a baby ?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Breast feeding	in any capacity mentioned	
Formula milk	like Nan	
Other powder milks	like Nespray	
Cow's milk	fresh milk	
Other:		

6A Why is it the best?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Physiologically more suitable	ideal for a human baby (ito of digestion)	
Nutritious	nutrient composition is ideal	
Healthy	improves general health and will promote growth	
Convenience	in terms of preparation, availability, temperature, etc.	
Psychological reasons	emotional bonding	
Immunological advantages	colostrum particles	
Financial advantages	cheaper	
Hygienic	bacteriologically safe	
Other:		

6B Why is the other option bad ?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Physiologically more suitable	ideal for a human baby (ito of digestion)	
Nutritious	nutrient composition is ideal	
Healthy	improves general health and will promote growth	
Convenience	in terms of preparation, availability, temperature control	
Psychological reasons	emotional bonding not so explicit	
Immunological advantages	colostrum particles not present	
Financial reasons	more expensive	
Hygienic reasons	bacteriologically not always the safest method - handling techniques	
Other:		

7. How long can one continue to breast feed a baby without giving it anything else to eat or drink ?

7A Why ?

CATEGORIES	DEFINED / DESCRIBED	RESPONSES
Physiologically readiness	ito of digestion, swallowing, stomach capacity etc.	
Health reasons	nutritionally balanced	
Immunological reasons	anti-infective factors protects the child	
Other:		