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Background

Promotion of positive complementary feeding (CF) practices among caregivers of children 6-23m is a priority intervention to improve dietary intake and to prevent stunting and childhood obesity. However, global household survey programs including Demographic Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) do not include CF intervention or “unhealthy” diet practices in their core questionnaires. We aimed to develop and refine indicators and questions for measuring infant and young child feeding counseling coverage and unhealthy diets over two rounds of large-scale household surveys in Burkina Faso and Kenya.

Methodology

In 2017 (R1) and 2018 (R2), we carried out nationally-representative household surveys in Burkina Faso (BF) (R1: 2311, R2: 3467 eligible households) and Kenya (K) (R1: 4628 R2: 4508 eligible households) and collected data on children under 5 years of age (R1 n= 4586 BF; 6467 K, R2 n= 2853 BF; 4563 K).

We modified the questionnaire, tools and enumerator training between rounds to better capture the intended information.

Key changes included:

- **Structure of recall period:** In round 1, we asked caregivers about advice received regarding feeding soft, semi-soft and solid foods in the last 30 days for children 0-5 months of age and in the last 3 months for children 6-23 months of age. In round 2, we asked “how long since the last time you received advice?” for all children 0-23 months and categorized the period during analysis.
- **Testing promoted vs. unprompted recall for key messages:** In round 2, we first asked an open recall question about key CF messages received and then followed with a prompted question about each message not identified during the open recall.
- **Highlighting context-specific sugar-sweetened beverages and asking about the where foods were produced to help refine definition of “unhealthy” in specific contexts**

Results

Coverage of CF counseling did not vary by survey year (Fig 1). Older children had longer period since last counseling contact (Fig 2). Prompting more than doubled recall for certain messages (Fig 3).

Figure 1. Coverage of any CF counseling with age-specific recall period*, R1 vs R2 (*1mo if 0-5 mo, 3 mo if 6-23 mo)

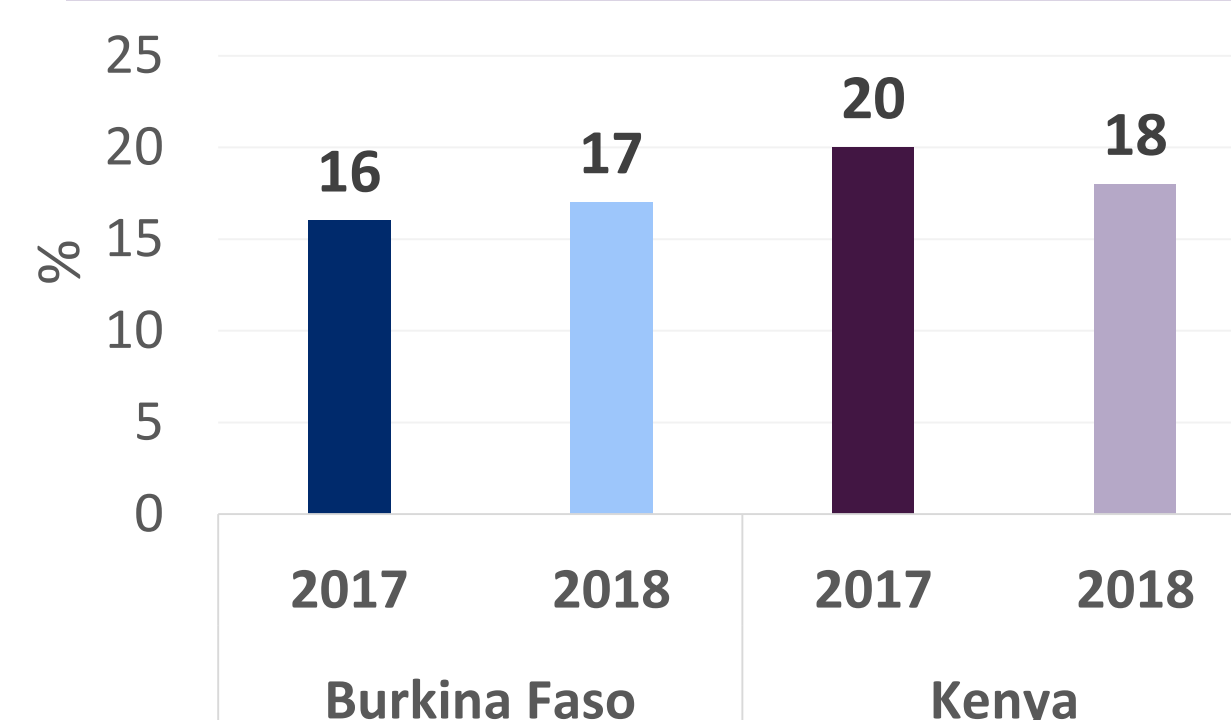


Figure 2. Time since last counseling session by age among children who received any CF counseling, R2

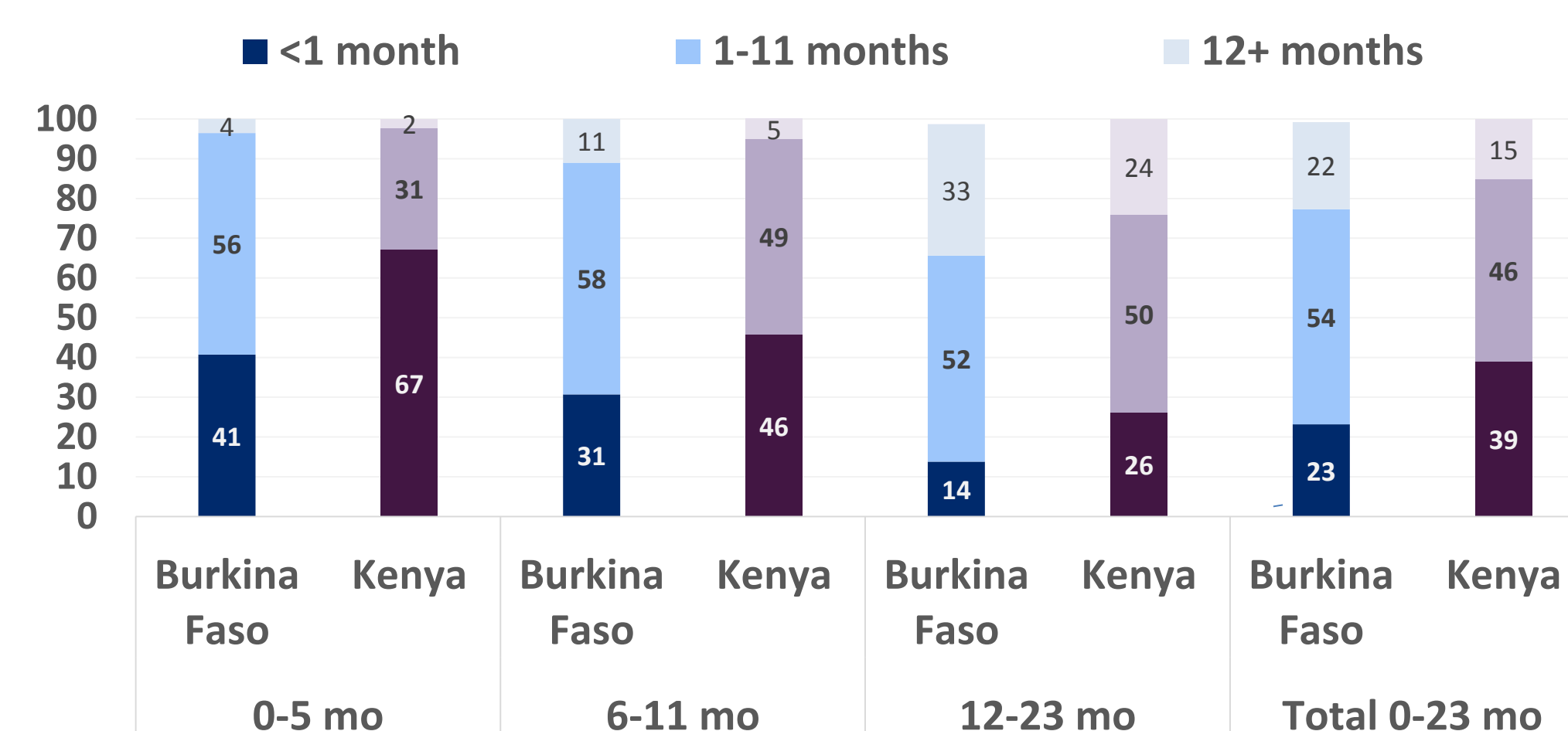
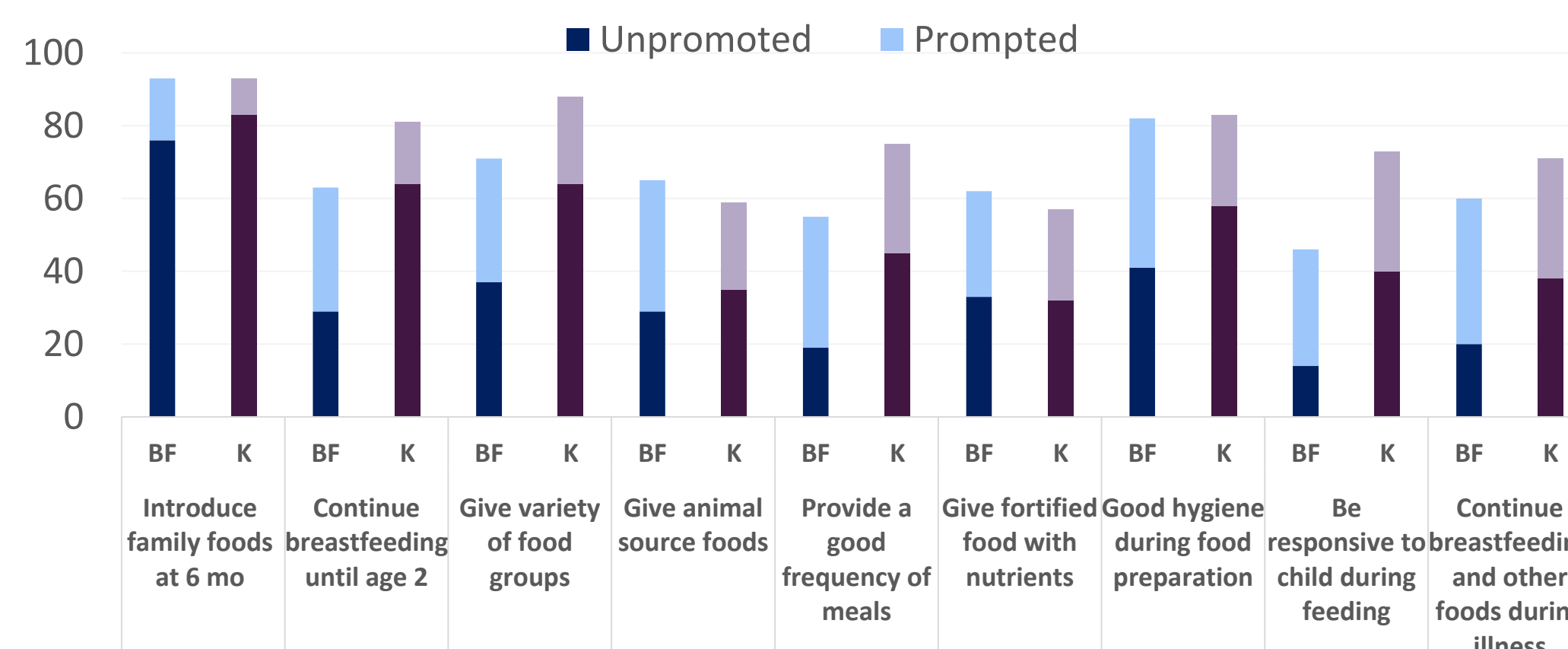


Figure 3. Reported receipt of specific messages among children who received any CF counseling: unprompted vs prompted R2



Results (cont'd)

The proportion of children achieving minimum dietary diversity increased slightly across years (BF: 16% 2017, 20% 2018; K: 40% 2017, 43% 2018).

Figure 4. Consumption of unhealthy foods by children 6-23 months, R2

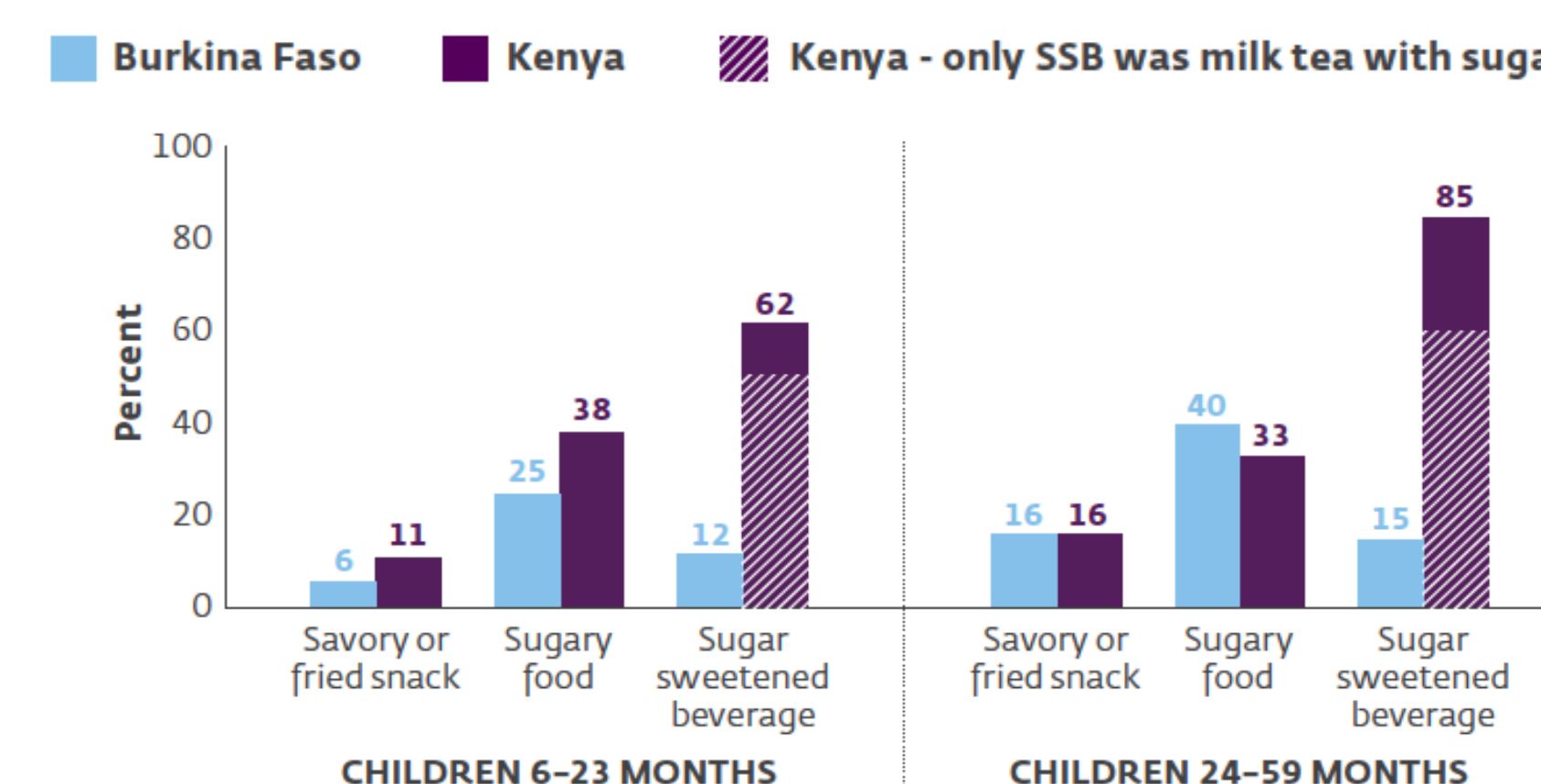
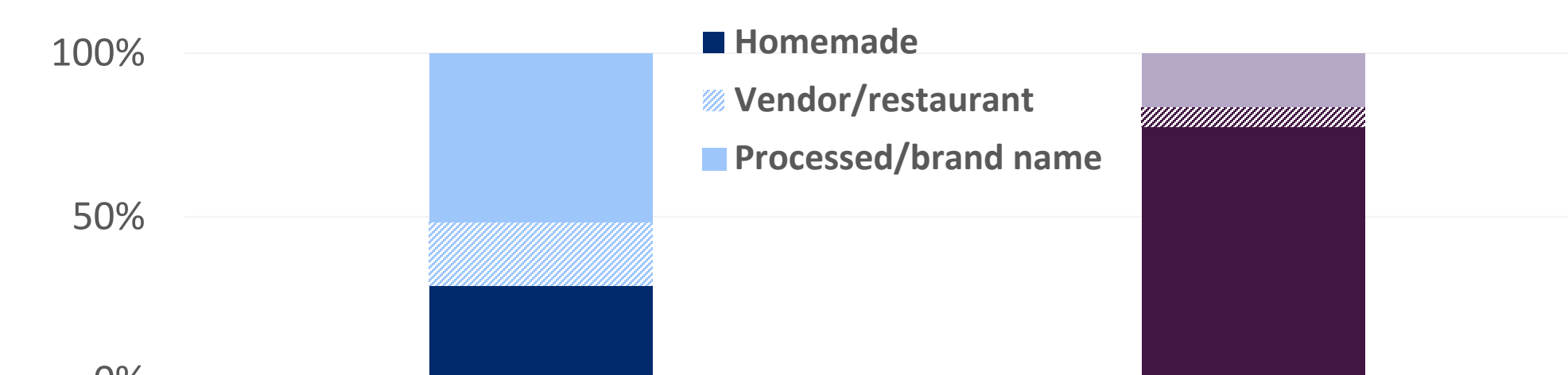


Figure 5. Place of preparation of sugar-sweetened beverages among children who consumed them, R2



CONCLUSIONS

In developing survey questions, consideration should be given to the structure of recall periods, prompted versus unprompted responses, and culturally appropriate training around dietary data collection to elicit the most accurate results. Our findings are generalizable to global and national nutrition survey programs including the Demographic and Health Surveys.

Acknowledgements

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