博士論文

Cross-border Formula Milk Promotion in Lao People's Democratic Republic and Its Effect on Maternal Attitudes Towards Breastfeeding

（ラオス人民民主共和国に対する国境を越えた乳児用調製粉乳の広告宣伝と広告が母乳育児に対する母親の態度に及ぼす影響）

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Acronyms

AOR	Adjusted Odds Ratio
CBF	Continued Breastfeeding
CDC	Centers for Disease Control and Prevention
CI	Confidence Interval
DVD	Digital Video Disc
EBF	Exclusive Breastfeeding
FGD	Focus Group Discussion
GDP	Gross Domestic Products
GYTS	Global Youth Tobacco Survey
HIV	Human Immunodeficiency Virus
IIFAS	Iowa Infant Feeding Attitudes Scale
Lao PDR	Lao People's Democratic Republic
MICS	Multiple Indicator Cluster Surveys
OR	Odds Ratio
SD	Standard Deviation
TBA	Traditional Birth Attendant
TV	Television
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

This study aimed to examine the influence of formula milk promotion via the media from Thailand to Lao People's Democratic Republic (PDR) and to assess the maternal breastfeeding attitudes by the Iowa Infant Feeding Attitude Scale (IIFAS). In this mixed methods research, while a cross-sectional study was conducted through a structured questionnaire survey, focus group discussion (FGD) was also done with urban Lao mothers who had children under two years of age in Vientiane Capital. A multivariate logistic regression model was constructed for quantitative data analysis and step-by-step analysis was used for qualitative data analysis.

The exclusive breastfeeding (EBF) rate for six months among the surveyed respondents was 16.1% (n = 106/658). Of 1,022 mothers, 96.8% reported frequent exposure to the Thai TV commercials on formula promotion and 79.1% identified the Thai TV commercial affecting them to develop a positive formula attitude. The IIFAS revealed that while the studied Lao mothers had positive breastfeeding attitudes, they did not have appropriate breastfeeding knowledge including nutritional benefits of breast milk. In multivariate logistic regression analyses, mothers who had a positive attitude on Thai TV commercial on the formula use (n = 449) were approximately 75% less likely to practice EBF for six months than those who had a negative attitude (n = 64). The FGD results further revealed that the participants tend to believe in the

information in TV commercial for formula milk.

The Thai formula milk promotion negatively affects breastfeeding in Lao PDR. Such cross-border impacts should be addressed globally, in particular where culture and language are similar.

1. Introduction

1.1 Breast milk merits

Breast milk is the best organic source of nutrients for infants with a variety of benefits for children and mothers, when compared to formula milk [1,2]. For child health, the immune factors that exist only in human breast milk help protect the children during the first two years or older from infectious diseases [3,4], disorders [5,6], which are common causes of morbidity and mortality especially in developing countries [7,8]. For instance, studies have reported a decrease in diarrhea and lower respiratory tract infections among breastfed infants [9]. Breastfeeding is also known to affect the growth performance of the recipient infants by averting infections and possibly by improving nutrient intake during infections [6,9]. Another important merit is reducing the risks of childhood and adolescent obesity [10]. The United Nations Children's Fund (UNICEF) cited meta-analyses on this merit. In 2005, Harder reviewed 17 studies including over 120,000 babies [11]. According to the study every month of breastfeeding was found to be associated with a four percent decrease in risk of obesity. Arenz also reviewed nine studies, 69,000 babies and concluded that breastfeeding appears to have a small (odds ratio 0.78, 95% CI (0.71-0.85) but consistent protective effective against obesity [12]. Owen also reviewed over 60 studies and found a reduced risk of breastfeeding in later life even when confounding variables such as parental obesity, maternal smoking and social class were taken into account [13].

In summary, UNICEF concluded that high coverage with optimal breastfeeding practices has potentially the single largest impact on child survival of all preventive interventions [14].

In addition to child health, breastfeeding benefits maternal health, too. The longer a women breastfeeds, the lower the women has the risk of osteoporosis, diabetes mellitus and hypertension [15,16,17]. Breastfeeding also reduces the common cancers in women such as endometrial, breast and ovarian cancers [18,19,20]. Breastfeeding, furthermore, helps mothers to produce oxytocin to reduce the risks of internal bleeding after delivery and stimulates the contraction to help uterus back to normal position [21].

1.2 The Global Strategy for Infant and Young Child Feeding

Due to these merits, in 2003, the World Health Organization (WHO) and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding. This Strategy strongly recommends exclusive breastfeeding (EBF) for six months and continued breastfeeding (CBF) for two years and beyond [22,23].

More specifically, the strategy calls for action in the following four areas [22]. First, all governments should develop and implement a comprehensive policy on infant and young child feeding, in the context of national policies for nutrition, child and reproductive health, and poverty reduction. Second, all mothers should have access to skilled support to initiate and sustain EBF for six months and ensure the timely introduction of adequate and

safe complementary foods with CBF up to two years or beyond. Third, health workers should be empowered to provide effective feeding counseling, and their services be extended in the community by trained lay or peer counselors. Fourth, governments should review progress in national implementation of the International Code of Marketing of Breast milk Substitutes, and consider new legislation or additional measures as needed to protect families from adverse commercial influences. Lastly, governments should enact imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement in accordance with international labor standards [22].

1.3 Breastfeeding in Lao People's Democratic Republic (PDR)

However, many mothers in developing countries, including Lao PDR, either do not breastfeed or only breastfeed for a short period of time [24,25]. In Lao PDR, the breastfeeding prevalences for both EBF and CBF are among one of the lowest in Southeast Asia, and these figures have been declining over the last 10 years [26]. For instance, EBF for six months was down from 36% in 1995 [27] to 26% in 2006 [28], while CBF for two years was 56% in 1995 [27] and declined to 48% in 2006 [28]. Moreover, some customary practices also exist in Lao PDR; mothers delay to initiate breastfeeding after delivery and colostrum, labeled as "sour milk" or "bad milk", which inaccurately blames it as the cause of diarrhea in children [29]. In addition, tradition of introducing chewed glutinous rice

within a few weeks of birth appears to be pervasive throughout the country and over 40% of ethnic mothers begin giving chewed glutinous rice to a month old infant [26,29]. These practices remain persistent in the country despite continuous breastfeeding promotion by the government and international organizations that have been conducting massive awareness raising campaigns on breastfeeding through health workers and community volunteers [30].

More importantly, the low breastfeeding prevalence in the country has been contributing to poor health indicators in Lao PDR. For instance, in this country, low breastfeeding prevalence is reportedly causing high malnutrition such as underweight (26.6%), stunting (44.2%) and wasting (5.9%) and high infant mortality rate (68 deaths/1,000 live birth) in the country [26,31,32]. These figures are some of the worst in the regional. Therefore, breastfeeding should be practiced more widely.

1.4 Influencing factors on breastfeeding

To improve breastfeeding rate, many studies have been conducted to identify factors influencing breastfeeding practices and duration [33,34]. Some of the key factors identified include: marital status; education; number of children; income; type of delivery [35,36,37]; antenatal care; place of delivery [38,39]; geographical area (urban or rural) [40,41]; social network support including father [42]; and mothers' knowledge, attitudes, beliefs, and practices regarding to EBF [43,44]; and the effect of media promotion for formula use

[45,46].

For instance, cesarean-section is known to cause a negative effect on the early initiation of breastfeeding. As a mother who delivers by cesarean-section is under the influence of anesthesia for at least a few hours, she is unable to start breastfeeding within one hour as recommended by UNIFCE and WHO. This is also one of the causes in delaying breast milk and colostrum [47].

In particular, a combination of a negative attitude towards breastfeeding and a positive attitude towards formula milk is common among mothers in developing countries. This is partly due to the widespread misperception that formula milk has more nutrients than breast milk and thus makes children grow faster [48]. This leads to the substitution of breastfeeding with formula milk [49]. In Lao PDR, two media-related factors were associated with breastfeeding practices. They were: (1) exposure to Thai television (TV) commercials regarding the use of formula milk and (2) the development of a positive attitude towards the use of formula milk through the media [50,51]. Other studies conducted in the United States also concluded that media on infant formula milk contributes to the decline in breastfeeding [52,53].

1.5 Unique cultural similarities between Lao PDR and Thailand

There are unique backgrounds about why Lao people are exposed to information from Thailand. First, information within Lao PDR is strictly controlled. Lao PDR is a socialist

republic with the Lao People's Revolutionary Party (LPRP) as the only legal political party. Because of this, all public information such as newspapers, radio, and TV is strictly controlled by the government. Therefore, Lao people tend to seek for alternative sources of information from neighboring countries such as Vietnam, China, Cambodia, Myanmar and Thailand. In particular, Thailand is the main source of information because of cultural proximity as both countries share a long border of 1,865 km where people have been crossing the borders relatively freely for centuries (See Appendix 2: Map of Study Site). Second, Lao and Thai languages are similar. A high portion of the vocabulary in both languages is similar with only minor differences in usage and pronunciation [54]. The alphabets are also nearly identical. Therefore, Lao and Thai people can communicate with each other without major barriers. Lastly, a high number of TV viewers in Lao PDR watch Thai programs regularly. This is because Thai TV signals are received in many parts of Lao PDR. Therefore, people in Lao PDR have been exposed to a massive flow of information from Thailand, including TV commercials on formula promotion.

Among all populations in Lao PDR, mothers in urban areas have greater exposure to formula promotion and limited access to appropriate maternal and child health information. This is due to the government's emphasis on breastfeeding promotion in rural areas [29,55]. This could make mothers in urban areas more susceptible to the media's formula use promotion and could make breastfeeding less popular and breastfeeding

promotion more difficult, lowering the breastfeeding prevalence rate in this population [56,57]. For example, both EBF prevalence for six months and CBF prevalence for two years tend to be lower in urban areas such as Vientiane Capital than in rural areas [50,51].

1.6 Historical background of formula milk and its promotion

The development and promotion of formula milk go back to the late 19th century. In 1867, Justus von Liebig in Germany developed the world's first commercial formula milk, branded as Liebig's Soluble Food for Babies [58]. Around the same time, Farine Lactée Henri Nestlé, the founder of former Anglo-Swiss Condensed Milk Company and present Nestlé S.A., also developed and started marketing the product [59]. As Nestlé recognized the power of branding in the product promotion, the company was already utilizing the advertisement through posters and magazines even in the early years [60]. Through the company's successful branding and advertisement, therefore, consumers in Europe quickly started to subscribe to the brand and recognized the formula merits, especially its convenience [61]. By the 1950s, formula milk spread widely around the world and was considered a major factor associated with the decline of breastfeeding rate [62].

Although formula milk became available in Southeast Asia in the early 20th century, it was around the 1980s when formula milk became considerably popular and widely accepted throughout the region. In 1988, Nestlé S.A. set up Nestlé Thailand with the first powdered milk plant factory in the country and started marketing the product to

the local contexts. In 1999, Nestlé Thailand also started targeting the markets in the region including Lao PDR [63].

In order to market the product effectively and appeal to the consumers of Thailand, Nestlé Thailand started its extensive promotion through various media channels. Their slogan during that time was “Good Food, Good Life” and “Grow Taller and Smarter”. Later, their advertisement became more focused on brain development promoting that their product has “multiple and special vitamins added of Omega and fish oil”. The latest marketing focus in 2013 is a combination effect of multiple and special vitamins and enhanced immunity. Various formula milk companies in Thailand also started marketing the formula products in the late 1990s through various media channels of TV, radio, poster and printed material, and direct marketing campaigns [82,64,65].

In Lao PDR, Nestlé Thailand first opened its new branch in Vientiane capital in 2000. Around the same time, other companies also started selling formula milk more extensively than before. It happened partly because Lao PDR became more open for foreign investment than the past and lifted various restrictions on importing foreign products such as formula milk. As described in other parts of this dissertation, the formula promotion became intensified since 2000 and the breastfeeding rates started to decline considerably.

1. 7 Controversies on formula milk

Ever since formula milk was developed and marketed through various media channels, heated debates and controversies have been done on the health effects of formula milk. On one camp, strong criticism has been made against formula milk, mostly made by public health experts, prominent developmental organizations, medical associations, consumer associations and civil societies who are proponents of breastfeeding. Their primary argument is that the promotion of infant formula over breastfeeding has led to various health problems and deaths among infants in developing countries. They cite various studies and argue that, as compared with breastfed infants, formula fed infants face higher risks of infectious morbidity and its associated mortality in the first year of life [66]. For instance, UNICEF estimates that a formula fed child living in unhygienic conditions is between six and 25 times more likely to die of diarrhea [67] and four times more likely to die of pneumonia than a breastfed child [68]. They also insist that formula fed infant has a higher risk to develop the chronic diseases such as diabetics and inflammatory bowel disease [69,70] and that a formula fed infant is linked to the higher risk of allergy where a formula fed infant is between 40% and 50% more likely to develop asthma or wheezing [71].

Based on the above arguments, a number of countries including both developed and developing countries, such as the United States of America, United Kingdom,

Australia, Canada, New Zealand, Singapore, and the Philippines, have boycotted formula milk, especially those made by Nestlé [72]. Some countries have also introduced national regulations to restrict the advertisement [73]. In summary, those who oppose to formula milk and promote breastfeeding condemn the formula manufacturers and their aggressive marketing strategy using various media channels that their products are one of the causes for mortality and morbidity among the infants.

On the other hand, formula milk companies and some scientists counter argue against the above criticism. Regarding formula milk's impact on the increased risks of infectious diseases, they insist that one of the main global health risks for children is the transmission of the human immunodeficiency virus (HIV) caused by breastfeeding, especially in developing countries. In 2007, WHO, UNICEF and Joint United Nations Program on HIV/AIDS (UNAIDS) reported that breastfeeding by an HIV-infected mother poses between 5% and 20% of chances of transmitting HIV to the babies [74]. Formula milk companies and some scientists take this evidence and argue that if breast milk substitute had not been used in countries where HIV prevalence is high, the child mortality could have been higher. They also argue that a number of studies have been conducted on the causal relationship between formula milk and infectious mortality but no decisive conclusion has been made so far [75]. In addition, pro-formula milk people claim that infants' food allergies could be developed by food consumed by mothers, not by formula

milk [76]. They argue that even an infant who has never been formula fed, and has never had any food besides breast milk may show signs of food allergy including diarrhea, bloody stools, vomiting, colic, eczema, constipation and poor growth [77].

1.8 WHO's International Code and regulations in Lao PDR and Thailand

To improve breastfeeding rate through control of media formula promotion, in 2007, the Lao government banned any public promotion of formula milk products [78] in compliance with the International Code of Marketing of Breast milk Substitutes, known as WHO's International Code. The Code restricts advertisement on formula milk directly to public and distributes factual, ethical information to parents through health workers [79].

Both UNICEF and WHO [79] have emphasized the importance of maintaining the practice of breastfeeding. They also have tried to revive the practice where it is in decline, as a way to improve the health and nutrition of infants and young children. The 27th World Health Assembly in 1974 noted the general decline in breastfeeding. It identified different factors for the decline, including the production of manufactured breast milk substitutes. Then WHO urged member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary.

The 33rd World Health Assembly in 1980 endorsed in their entirety the statement and recommendations. It made particular mention of the recommendation that "there

should be an international code of marketing of infant formula and other products used as breast milk substitutes". To develop the code numerous and lengthy consultations were held with all interested parties. Finally, in 1981 the Health Assembly debated and adopted the Code.

However, violations of the Code have been reported [80,81]. In Lao PDR, the ban has only been effective for commercials broadcast from Lao TV stations, not from Thai TV stations. As mentioned above, a large number of populations in Lao PDR frequently choose to watch Thai TV programs over Lao TV stations, making control in Lao PDR alone virtually meaningless. In addition, as there is no domestic formula milk manufacturers and all formula products come from neighboring countries especially Thailand, the control is practically impossible.

Thailand also has a minimum control over the mass media promotion on formula milk. While Thailand also adapted the WHO's International Code in 1981, similar to Lao PDR, violations of the Code have been reported [82]. In addition, Thai government has no national law against marketing of breastmilk substitutes, but has only a number of voluntary measures [83]. For instance, Thailand has a regulation on food, the 1979 Food Act. The Act covers food composition and safety, including that of infant foods. However, the Act does not regulate the marketing of foods [84]. Thai government also introduced the Thailand Code of Marketing of Foods for Infants and Young Children and Related

Products in 2008. However, it is only a proclamation of the Ministry of Public Health and thus is not a law nor a regulation [83].

Due to the absence of effective media control on formula milk, Thai formula milk manufacturers have continued promoting formula milk products in public through broadcasting TV commercials in the country where both EBF (5.4%) and CBF (18.7%) are the lowest in Southeast Asia [85]. Anecdotal sources attribute this to the ineffectiveness of WHO's International Code's control and lack of national regulations over Thai TV commercials on formula milk products, combined with skillful marketing strategies [86].

1.9 Theories and models on the mass media's influence on breastfeeding

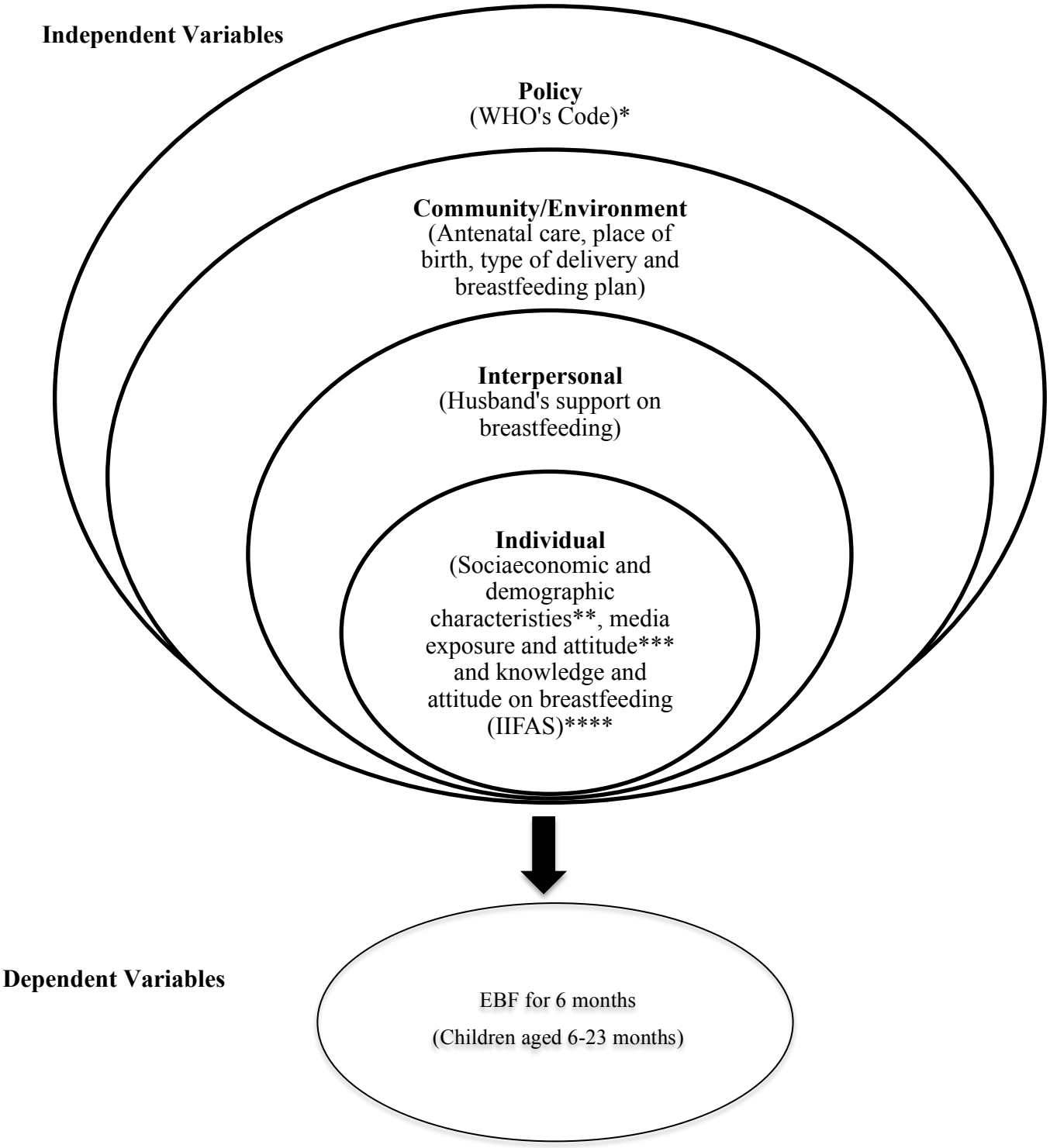
Various theories and models exist to understand and explain how the mass media influence people's attitude and behaviors. One of the relevant theories and models to this study is Information–persuasion Model by William McGuire [87]. According to McGuire, the Model offers three important factors that influence one's decision making process. In the context of media's impact on breastfeeding and formula milk, the potential influencing factors are: (1) external factors such as price of formula milk, (2) internal directive factors such as one's attitudes and beliefs, and (3) internal dynamic factors such as socio-demographic characteristics [88].

Another relevant theory is Socio-Ecological Model which was developed based on Urie Brofenbrenner's Ecological Theory in social sciences [89]. The Model is often

integrated into health promotion programs for behaviors changes, and tries to understand individuals' behaviors as effects of multiple levels of influence as well as multiple categories of factors such as intrapersonal, interpersonal, community, public policy, institutional [90]. As revealed by previous studies on factors influencing breastfeeding, decision to practice breastfeeding is a complex phenomenon and thus such a model provides a useful analytical framework.

In addition to above two models, Agenda-setting Theory, developed by Dr. Max McCombs and Dr. Donald Shaw [91], is applicable to this study. The Theory tries to explain how frequency of public's exposures to certain views and images in the mass media influences individuals to regard particular issues more important and how certain public agenda or trend is being set through such processes [92]. Based on these theories and models especially the Socio-Ecological Model which provide an understanding of complex interrelations between formula promotion and its influence on breastfeeding attitude and practices, a conceptual framework was developed (Figure 1).

Figure 1: Conceptual Framework and Variables



Variables:

*WHO International of Code of Marketing of Breast Milk Substitute

**Age, sex, education, income, occupation and children parity

***Exposure and attitude to Thai media: TV commercial, TV other programs, radio, logo and printed material

**** Iowa Infant Feeding Attitude Scale

1.10 Positive and negative effects of media's impact on breastfeeding

As the power of media is strong, both positive and negative effects might exist about the media's impact on breastfeeding. For instance, in 2009, the Lao Ministry of Health, supported by UNICEF, launched a high profile EBF campaign through TV and radio [30]. The campaign ran three TV and three radio commercials a day to promote breastfeeding. In addition, the campaign also broadcasted on TV a drama entitled "Breast Milk and Nothing Else" and a documentary entitled "Breastfeeding Culture in Lao PDR". These productions were later developed in DVD and distributed throughout the country. After the campaign, early initiation of breastfeeding within one hour after delivery increased from 29.8 % to 39.1 % and EBF for six months also increased from 26.4% to 40.4% from 2006 to 2011 respectively. This campaign can be considered as a positive impact that media made on breastfeeding.

On the other hand, according to a recent study on the impact of formula milk brand marketing from Thailand on breastfeeding practices in Lao PDR, the marketing strategy of formula milk companies is effective in promoting formula milk [49]. It also suggests that the marketing led to an increase in breastfeeding substitution with formula milk and a decrease in breastfeeding in Lao PDR. A similar conclusion was reached in the United States of America, regarding the negative impact of mass media on breastfeeding prevalence [93]. In summary, media and marketing strategies from Thailand may have a

potentially important effect on the breastfeeding prevalence in Lao PDR [48,49].

1.11 Objectives and hypothesis

Limited scientific studies have been conducted in Lao PDR on the association between cross-border media formula promotion and breastfeeding. Therefore, based on available evidence and socio-cultural background, the specific objective were set to: (1) assess the key breastfeeding indicators among the mothers with children under two years of age in urban areas of Lao PDR; (2) measure their exposure to Thai media's formula use promotion and development of positive attitudes towards formula use through TV commercials; (3) examine the impact of their media influenced attitude on EBF for six months; and (4) test the Iowa Infant Feeding Attitude Scale (IIFAS) as it is used for the first time in Lao PDR. Based on the above objectives, the specific hypothesis were set as: (1) the Thai media's formula promotion, especially TV commercials, is one of the key factors determining breastfeeding practices, especially EBF for six months in Lao PDR; (2) the Lao mothers who have the high exposures to formula promotion are less likely to do EBF for six months; (3) the Lao mothers who have been influenced by TV commercial on formula use are less likely to do EBF for six months; and (4) the Lao mothers who have inappropriate knowledge and attitudes toward breastfeeding accessed by the IIFAS are less likely to do EBF for six months.

2. Methods

This was a mixed methods study combining a cross-sectional study conducted by a structured questionnaire survey and a qualitative study through focus group discussion (FGD) from June to August 2010 in urban areas of Vientiane Capital, Lao PDR.

2.1 Survey

2.1.1 Target population and geography

The target population was Lao mothers who had children under two years of age at the time of the survey in urban areas of Vientiane Capital, Lao PDR. Vientiane Capital was selected as the study site because the urban areas in Lao PDR were reported to have a lower breastfeeding prevalence than the rural area [50]. Furthermore, 82% of the country's urban population is concentrated in Vientiane Capital [32].

According to the Population and Housing Census 2005 in Lao PDR [32], although it is called "a village", some villages are classified as urban when at least three out of five of the following conditions are fulfilled: (1) the village is situated in district or provincial municipality; (2) more than 70% of total households in the village use electricity; (3) more than 70% of total households in the village use pipe water; (4) the village has access to the road in both dry and rainy seasons; and (5) the village has a permanent market that is operating the whole day.

There are two geographical locations named Vientiane in Lao PDR. One is

Vientiane Capital, which is an urban area and the focus of this study, while the other is Vientiane Province, which is mostly a rural area located next to Vientiane Capital. They are mutually exclusive.

The specific sample inclusion criteria includes: mothers who were Lao national, aged between 15 and 49 years, present and available at the time of survey, literate and whose biological children were under two years of age and born as a singleton. Exclusion criteria were as follows: complications during pregnancy and delivery, diagnosis of hypertension, pre-eclampsia or gestational diabetes, pre-term delivery (less than 37 weeks), birth weight less than 2,500 grams, admitted to intensive care after birth, severe neurologic problems or facial malformation which make breast suckling difficult, digestive tract malformations, and Human Immunodeficiency Virus (HIV) positive mother. All criteria were verified with the checklist before starting the interview. When there was more than one child under two years, information about the youngest child was collected.

2.1.2 Sample size and sampling

Since the list of respondents with address information could be obtained only from the village heads in each village, it was necessary to first sample the villages and then all respondents in the sampled villages. Therefore, cluster sampling was used. This method was used in other national studies in Lao PDR such as surveys on immunization and nutrition in children under five, conducted by WHO and UNICEF.

Based on the following formula [94], the required sample size (n) was calculated at 552, with a confidence level of 95% (t), an estimated prevalence of 50% (p), a margin of error of 5% (m), a non-response rate of 20% (nr), and a design effect (d) of two.

$$n = \left(\frac{t^2 p(1-p)}{m^2}\right) nr * \ d \ * 2$$

According to the Population and Housing Census 2005 in Lao PDR [32], which was the latest census prior to the study, the target population was estimated at 16,055. There were 339 villages in the target geographical areas. Therefore, each village was assumed with an average of 40.2 children under two years of age (16,055 divided by 399).

In this calculation, only 14 villages would need to be visited in order to obtain 552 cases. However, during a series of consultations with the health authorities and village heads in the target areas, it was discovered that the actual number of children under two is significantly smaller than the published Census data, though the extent of and the reason for this discrepancy is unknown. Therefore, taking the available financial and human resource into consideration, the number of sampled villages was increased three times to 42 villages, allowing room for error. In the end, 1,214 mothers were sampled.

2.1.3 Questionnaire and variables

The questionnaire used in this survey consisted of four standardized questionnaires: (1) WHO and UNICEF's Household Baseline Survey of Integrated Management of Childhood Illness (IMCI) [95]; (2) UNICEF's Multiple Indicator Cluster Surveys (MICS) [96]; (3)

Global Youth Tobacco Survey (GYTS) [97]; and (4) the Iowa Infant Feeding Attitude Scale (IIFAS) [98]. IMCI and MICS have been used around the world including Lao PDR since the late 1990s. GYTS was one of the few internationally known and standardized tools which had been used in Lao PDR to assess the media exposure on specific health seeking behaviors such as tobacco. The IIFAS is a well-known scale and has been tested worldwide; however, it has not been used in Lao PDR prior to this study.

The entire questionnaire consisted of a total of 96 items (Appendix 1: Questionnaire). The first component of the questionnaire included background questions. It consisted of 28 items on socio-economic characteristics from IMCI and MICS. Some variables such as the number of children and occupation were additionally included in this component, as they are hypothesized to have significant influences on breastfeeding in Lao PDR [24,38].

The second component consisted of 27 items on breastfeeding practices. The prevalence of EBF was measured through two sets of indicators, depending on the age group of children within the target population. One indicator was EBF under six months, which represents the proportion of children under six months of age who received only breast milk during the last 24 hours before the survey, based on 24 hour dietary recall. This was measured in the group of mothers with children under six months of age, through 16 standardized questions from MICS. This indicator does not represent the EBF rate for the

entire period of birth until six months of age. Instead, it represents the EBF rate at a specific point in time, which in this study was the time of survey. Another indicator was EBF for six months. Unlike the first one, this indicator measured the EBF rate among mothers who have children between six months and two years of age. It represents the entire period from birth until six months of age. This indicator was measured through four standardized questions from IMCI.

The third component consisted of 24 items related to the mothers' exposure to media's formula use promotion. As there were no previous studies to directly measure association of media promotion with breastfeeding in Lao PDR, some of the questions were modified based on GYTS, developed by WHO and the Centers for Disease Control and Prevention (CDC), as well as through consultation with specialists.

The fourth component consisted of 17 items from the IIFAS. With an aim to measure maternal knowledge and attitudes toward infant feeding methods, the IIFAS was developed by De la Mora, et al in 1998. The IIFAS measures: costs of infant feeding (formula feeding vs. breastfeeding), nutrition benefits, convenience, breastfeeding and sexual relationship with partner, and mother-child bonding. The items were measured by a five-point Likert scale, ranging from strongly disagrees to strongly agree. Items favoring formula feeding were reverse-scored (i.e., 1=5, 2=4, 4=2, and 5=1) and a total score was

computed by summing all items. Total attitude scores ranged from 17 to 85 with higher scores reflecting attitudes more positive to breastfeeding.

2.1.4 Pre-test adjustment

In order to improve face validity, before the data collection, the questionnaire was pre-tested on 60 mothers: 30 mothers at Mother and Child Hospital and another 30 in a purposively selected community. After the pre-test, a few revisions were made. For instance, a question to measure EBF was rephrased to ensure better understanding. Originally, in the standardized questionnaire, it stated: "Since delivery until the birthday of six months, have you ever provided the infant with a substitute for breast milk?" However, based on the respondents' response in the pre-test the question was reworded as "From birth until the age of six months, have you ever provided the infant with a substitute for breast milk? Even a drop of water is not accepted." In this way, mothers were able to recall and more clearly distinguish between EBF and breastfeeding with liquid such as water. It was assumed that the rephrased question would capture the EBF rate more accurately because many Lao mothers consider giving the baby a drop of water as EBF. In addition, some questions in the standardized questionnaire did not have an option to answer "I do not know" and/or "I am not sure" if the respondents were not confident in their answers or recall. Therefore, these answers were added.

2.1.5 Modality

The survey was conducted through face-to-face interviews by the author researcher and 14 trained assistants. The assistants included three medical doctors, seven nurses and four researchers from a private research firm. Nine had experiences in conducting public health research while four also had extensive research experience in large scale surveys and Focus Group Discussions (FGD) on health topics. All assistants were trained by the author researcher for three full days on research objectives, questionnaire, interview methods and ethical considerations.

Each interview lasted approximately 30 minutes including introduction, screening of inclusion and exclusion criteria and informed consent. The interview venues included: the village authority office, community center, school, temple and participant's house. To avoid missing respondents, the research teams visited the villages mostly during evenings and weekends. When the respondents were not available, the research teams went back for interviews at another time, mostly on weekends.

2.1.6 Data analysis

Data gathered from the questionnaire survey were analyzed with Statistical Package for the Social Sciences (SPSS) version 18.0 statistical software (SPSS for Windows, SPSS Inc., Chicago, IL, USA). First, basic descriptive findings were obtained using frequency and percentage. Second, chi-square tests were preformed to examine the association of EBF for

six months with various independent variables such as maternal knowledge and attitudes assessed by the IIFAS and obtained from literature review. Then, a multivariate logistic regression model was constructed with 17 independent variables found to be significant influencing factors for EBF for six months in previous studies and in the chi-square tests. With regards to the IIFAS, Cronbach's alpha level was calculated to assess the internal consistency. In all statistical tests, $p < 0.05$ was considered significant. The responses "I do not know" and "I am not sure" were excluded from meaningful interpretations.

2.1.7 Validity and reliability

To ensure validity and reliability of the questionnaire, various approaches were used. These included: (1) using aforementioned four standardized questionnaires; (2) translating and back-translating the tool by professional translators; (3) conducting pre-test; and (4) rounds of review with experienced breastfeeding specialists considering the local and cultural appropriateness and the applicability among Lao mothers. The reviewing specialists included public health experts, a Communication Officer, and researchers from: (1) Lao National Institute of Public Health; (2) Lao Maternal and Child Health Center; (3) UNICEF Thailand; and (4) the University of Tokyo. They have conducted numerous public health research studies, including breastfeeding in Lao PDR.

Unlike IMCI, MICS and GYTS, the IFFAS has never been used in Lao PDR and was not available in Lao language. Therefore, the original English questionnaire of the

IIFAS was first translated into Lao language by two Lao public health experts including the author researcher who are native Lao speakers. It was then back translated by a professional translator with over 10 years of public health research experience but without prior knowledge on the tools. The members of the research team were then divided into a few groups and assessed the back-translation by carefully examining between the original English version and translated Lao version to ensure the meaning, sequence, wording and content of the questionnaire. All groups agreed that the translation was sufficiently accurate and equivalent to the original version. Finally, the Lao version was checked by other public health and breastfeeding experts against English language again and they validated the Lao version questionnaires. Finally, survey data were triangulated with qualitative data from the focus group discussion through cross verification.

2.2 Focus Group Discussion (FGD)

FGD is a discussion conducted in a group of people who are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, or idea [99]. Questions are asked in an interactive group setting where participants are free to talk with other group members [100]. FGD is used for obtaining an overview, exploring consensus among the group members, and understanding similarities and differences in responses among different individuals in the group. On the other hand, the personal interview or in-depth individual interview, another prominent qualitative method, is the

face-to-face contact between researcher and respondent [101]. The method is an appropriate method when the purpose of the study is to gain in-depth individual understanding. It is often used when the respondents are hard-to-reach populations [102].

This study selected FGD because FGD enables us to see the free-flow-discussion and the patterns of group dynamics or interaction among all participants. FGD also allows interviewers to study people in a more natural conversation pattern than typically occurs in a one-to-one interview. For instance, in FGD, interviewers can observe the direct expression of participant's opinions and attitudes in response to others group members.

Therefore, in addition to the survey, six FGD sessions were conducted in order to further triangulate the quantitative data. The FGD was necessary to better understand how and why exposures to the Thai media's promotion on formula milk develop into positive attitude towards formula use; this would not be revealed sufficiently by quantitative data. Thus, the FGD provides in-depth meaning to the survey. In line with the research objectives, the three guiding questions included: (1) "How were mothers with children under two years of age in urban areas of Lao PDR exposed to Thai media's promotion on formula milk?"; (2) "How was such an exposure associated with attitudes towards breastfeeding, particularly EBF?"; and (3) "How was the exposure to Thai media's promotion on formula milk associated with EBF?" These were disaggregated into short questions during the sessions for enhanced understanding and included: "How and where

do you get to know about formula milk?"; "Do you think you are influenced by Thai media on buying formula milk products? If so, how do you think you are influenced?"; "Why and when did you decide to substitute or use formula?"; "How do you think about EBF concept for even a drop of water should not be given from birth until the age of six?" and; "Please tell us, what did you actually do from birth until now?"

The author researcher led and facilitated all FGD sessions through asking the participants the aforementioned questions, whereas four assistants took notes and operated the electronic recording devices. In all, 29 participants were recruited through purposive snowball sampling from three villages, each session was conducted with four to six participants and lasted for approximately 45 minutes. All sessions were conducted in Lao language and recorded electronically. The four assistants had previous experience in assisting with FGD sessions conducted by WHO in Lao PDR. Three sessions were conducted in village authority offices, two in a temple and one in a school.

After each session, all notes were taken by the trained assistants and the author researcher. The notes were compared to check the consistency, when the consistency was confirmed among all research members and later the notes were combined into one document, which was further checked against the electronic devices. After all sessions were completed, all notes were transcribed in Lao language by the assistants and then translated into English by the author researcher.

The qualitative data were analyzed based on *Qualitative Methods in Public Health: A Field Guide for Applied Research* [103]. First, the transcribed texts were carefully read six times. Subsequently, the texts were tentatively coded and labeled. Next, detailed information relevant to each objective was displayed and reduced to essential points. Comments were then grouped for similarities and differences. After this process, two key themes emerged. From these, the core meaning of thoughts, feelings, and behaviors of the respondents that represented each theme were searched for. Finally, these were linked to the survey results to examine the respondents' media influenced attitude to EBF for six months for meaningful interpretations.

2.3 Ethical considerations

This study was approved by the Research Ethics Committee of the Graduate School of Medicine in the University of Tokyo, Japan, and the National Ethics Committee for Health Research and the Ministry of Health, Lao PDR (Appendix 6). The interviewed mothers were well informed that their identities would remain anonymous to protect their confidentiality and privacy. The respondents were numbered without names or other personal characteristics in a coding table so that identities could not to be revealed. Also, the respondents were informed that their interview could be stopped at anytime and that this would not cause any action against the respondents. Any perceived risks of the interview participation were carefully examined and minimized through a series of

consultation with experts and research counterparts before the field study. When the interviewed mother was under 20 years of age, the legal representative such as a parent of the mother was asked for informed consent, in addition to the mother. Written informed consent was obtained from all respondents for both the survey and FGD.

3. Results

A total of 1,039 mothers with children under two years of age in 42 villages participated in the survey. The actual number of the target population was 1,214; therefore, the response rate was 85.6% (1,039 out of 1,214). Seventeen cases out of 1,039 (1.6%) were excluded from analysis due to the irreconcilable errors found after the survey, such as the use of an incorrect version of questionnaires and/or the incorrect recording of results. Therefore, a total of 1,022 valid cases (353 mothers with infants 0-5 months, 355 with infants 6-11 months and 314 with infants12-23 months) were analyzed in this study. For the FGD, a total of 29 mothers (23 mothers, three grandmothers and three mothers-in-law) participated in six sessions. None of the participants in the FGD had participated in the survey.

3.1 Survey results

3.1.1 Characteristics of children, mothers and household

As shown in Table 1, among the 1,022 surveyed mothers, 52.5% of the children were boys. The mean (SD) age of the children was 9.3 (6.4) months. A high percentage of them (90.7%) were born in a public hospital. Similarly, a relatively high percentage of the children (10.6%) were delivered by cesarean section. The mean (SD) birth weight was reported as 3,091.9 (418.9) grams, based on the mother's memory.

The mean (SD) and median age of the surveyed mothers was 26.9 (5.2) and 27.0 years, respectively. Almost all (99.3%) were married. Since the mothers lived in urban

areas, where education is easily accessible and affordable, 77.5% had education beyond the compulsory period (1-5 years). Approximately half of the mothers (56.2%) were housewives. A high proportion of the respondents (95.8%) had between one and three children. Almost all mothers (97.0%) went to antenatal care at least once during the pregnancy. A high percentage of them (95.4%) also had plans for breastfeeding before delivery.

The mean (SD) monthly household income was USD 211.1 (236.2), higher than the average monthly Gross Domestic Product (GDP) per capita of USD 146.0 reported in the Vientiane Capital [104]. With regards to the husband's support for breastfeeding, 81.8% of mothers reported that their husbands have learned the appropriate way of breastfeeding and 93.3% reported that their husbands encouraged them to breastfeed.

3.1.2 Breastfeeding indicators

The results in Table 2 show that almost all mothers (98.9%) have ever breastfed. Among 1,010 mothers who have ever breastfed, 68.4% of the mothers started breastfeeding less than one hour after delivery, which is recommended by WHO. During the last 24 hours prior to the survey, 17.6% of mothers with infants 0-5 months old reported that they provided only breastfeeding to their infants (EBF under six months). Similarly, 16.1% of the mothers of 6-23 months old children reported that they provided only breastfeeding to their children for a completed period of the first six months after birth (EBF for six

months). Well over the majority (59.7%) continued breastfeeding for one year, however, about half of them continued (24.7%) for two years. At the time of survey, 71.0% were breastfeeding. Among the 293 respondents (Table 2) who were not breastfeeding, the major reason was that they thought the child was old enough.

3.1.3 Substitute for breastfeeding

The most commonly reported substitute provided to the infant for the first time after birth was plain water (78.6%), followed by formula milk (35.2%) and rice soup (24.1%). According to 24 hour dietary recall, a more precise tool minimizing respondent recall bias, the plain water was again the most popular substitute for breastfeeding (78.3%), followed by formula milk (29.4%) among the mothers with infants aged 0-5 months (Table 3).

3.1.4 Media exposure on formula use

Table 4 shows the results of the six major media channels on the frequency of exposure. The exposures to media were soaring in all media channels except for radio, and particularly so in TV commercials (96.8%). Regardless of media channels, Thailand was the most popular origin of the media source.

3.1.5 Positive perception and attitude towards formula use through Thai media exposure

Table 5 shows that more than a majority of the respondents developed a positive attitude towards formula use and felt like purchasing formula, after being exposed to media except for radio and printed materials.

In addition, Table 5 also revealed that, regardless of media channel, many came to perceive that (1) the formula milk has a lot of nutrients and (2) it makes the infant grow fast. These messages were reported with high percentages particularly in those who were exposed to TV commercial (66.6%), followed by logo (54.5%) and posters (51.4%).

3.1.6 Association of independent variables with EBF for six months and influencing factors

Tables 6 through 8 show the results of chi-square tests for association of independent variables with EBF for six months. Eight variables were found significant including: early initiation of breastfeeding (OR: 2.38, 95% CI 1.41–4.04, p <0.001); high frequency of exposure (OR: 0.36, 95% CI 0.20–0.65, p <0.001) and attitude (OR: 0.47, 95% CI 0.27–0.82, p =0.013) towards Thai TV commercial; high frequency of exposure (OR: 0.44, 95% CI 0.29–0.70, p <0.001) and attitude (OR: 0.47, 95% CI 0.26–0.85, p =0.020) towards TV programs; high frequency of exposure to poster (OR: 0.41, 95% CI 0.27–0.63, p <0.001); high frequency of exposure to printing material (OR: 0.57, 95% CI 0.37–0.87, p =0.011); and high frequency of exposure to logo (OR: 0.33, 95% CI 0.21-0.52, p <0.001). In addition, maternal knowledge and attitudes assessed by the IIFAS were tested and the

variable was not found statistically associated with EBF for six months (OR: 1.11, 95% CI 0.73–1.69, p =0.627).

For further analysis on predictors of EBF for six months, a multivariate logistic regression model was constructed with 17 independent variables, which were reported as significant influencing factors on EBF in Lao PDR and previous studies from literature review. The results show that three variables were found to be statistically significant: cesarean section as type of delivery (AOR: 0.25, 95% CI 0.10–0.58, p =0.001); early initiation of breastfeeding (AOR: 3.02, 95% CI 1.42–6.42, p =0.004); and positive attitude on formula use towards TV commercial (AOR: 0.25, 95% CI 0.74–0.83, p =0.024) (Table 10).

3.1.7 Maternal knowledge and attitudes and the IIFAS's reliability

The majority of respondent mothers had positive attitudes toward breastfeeding (Table 9). For instance, 98.6% agreed that breast milk is the ideal food for babies and 88.6% stated that breastfeeding is more convenient than formula feeding. In addition, 98.2% agreed that breastfeeding increase mother-infant bonding. In addition, 97.3% of the respondents also agreed that breast milk is more easily digested than formula. However, over half of the mothers (64.4%) thought that the nutritional benefits of breast milk last only until the baby is weaned from breast milk and that 69.5% agreed that mother who occasionally drinks alcohol should not breastfeed her baby. In addition, a majority of the respondents (88.3%)

mentioned that formula feeding is the better choice if a mother plans to work outside the home. Almost half of the respondents (43.5%) agreed that women should not breastfeed in public places such as restaurants. Interestingly, over half (67.8%) agreed that breastfed babies are more likely to be overfed than formula fed babies. The median IIFAS score was 61.0.

The reliability of the IIFAS that indicates the internal consistency was $\alpha = 0.53$ for the studied population.

3.2 FGD results

Among the total of 29 mothers, 23 were mothers, three grandmothers, and three mothers-in-law. A detailed profile of FGD participants and their comments grouped by theme are found in Appendix 4.

3.2.1 Theme 1: Media influence on formula use from Thailand

The participants were asked how and where they got to know about formula use, whether they thought they were influenced by Thai media on buying formula milk products and why and when they decided to substitute or use formula milk. Sixteen participants responded that they got to know about formula use from the Thai TV commercial:

...I know formula use through commercials from Thai TV and my mother-in-law. I think the formula milk commercials are interesting which are attracting many mothers to try it. (22-year-old married business owner, ID 5, Session 2, Theme 1)

And some others commented that they got to know about formula use through product logo, small shop, mini mart, poster, doctor, sister, relative and neighbor:

...I know about formula use through the person who uses formula milk in the community. (26-year-old, married housewife, ID 1, Session 2, Theme 1)

...I know about formula milk through Thai TV, small shop, mini mart, my sister and relatives. (32-year-old, married hair salon, ID 3, Session 1, Theme 1)

14 out of 29 participants admitted that they usually followed some and a lot of trends from Thailand such as TV drama, news, new information to update their knowledge, more advantage on child health development, hospitals, doctors and nurses.

I follow many trends, especially about child health because Thailand is more advantage on child development. (26-year-old, married construction worker, ID 4, Session 3, Theme 1)

...I like to follow everything from Thailand because they are close to us for language, culture and so on. (46-year-old married housewife, ID 1, Session 6, Theme 1)

Participants also commented that the formula milk commercial is reliable because it is scientific.

...I think the advertisement of formula milk on TV is reliable because it shows a [scientific] result on the child's development... (22-year-old married business owner, ID 4, Session 2, Theme 1)

Another participant pointed out to the nutritional benefit and quality of formula product which she thought was safe for newborn babies.

...It [formula milk] has a lot of nutrition. The formula milk called Lactogen of Nestle product for newborn is very good because it does not create flatulence and stomach ache in newborn baby… (30-year-old married housewife, ID 1, Session 1, Theme 1)

Eight out of 25 participants commented that they had positive attitudes towards formula feeding. This is because they think it is convenient and has superior health benefits, making a child grow taller, gain weight, and develop their brains. In addition, they commented that mothers can work outside. These positive attitudes came from Thai TV commercials on formula use.

...I want to feed my baby with formula milk because it makes the baby taller and helps to develop the brain as the Thai TV commercial tells... (30-year-old, married housewife, ID 2, Session 2, Theme 1)

Nine out of 25 participants reported that the most common reason that they decided to introduce formula milk was the perception that they did not have enough breast milk or no breast milk at all for a few days after delivery.

...I gave formula milk for three days after delivery while waiting for my breast milk but I stopped formula milk right after my milk came. In addition, formula milk is

convenient for mothers when mothers have to go outside… (29-year-old, married housewife, ID 5, Session 5, Theme 2)

Ten out of 25 participants commented that they had to use formula milk because of problems related to breastfeeding. According to them, they felt that first breast milk or colostrum after delivery was sour and that it caused diarrhea. They also pointed out concerns that prevented them from continuing breastfeeding. These concerns included: slow child growth, mother's medication and nipple biting. Some participants commented that they decided to use formula milk a few days after delivery while waiting for breast milk.

"…I substituted to formula milk when my baby was three month-old because breast milk was sour and caused diarrhea of my baby all the time…" (23-year-old, married business owner, ID 3, Session 5, Theme 2)

3.2.2 Theme 2: Attitude and practice on breastfeeding and EBF

The participants were asked about how they thought of the concept of EBF, including whether a drop of water should be given from birth until the age of six, as well as what they actually did from birth until now. Ten participants had a positive attitude towards breastfeeding, pointed out its convenience and benefits for child's health. However, they demonstrated a negative attitude towards EBF and reported various challenges in EBF.

Breastfeeding is a wonderful culture but exclusive breastfeeding is not realistic to follow because we have to give water to prevent baby from lacking of water and jaundice while waiting for mother's milk for the few days after delivery… (26-year-old married housewife, ID 6, Session 3, Theme 2)

I like breastfeeding and would like to continue for about 1 year. However, exclusive breastfeeding is impossible for me. I have to give water after breastfeeding every time because breast milk can get stuck in baby's throat. Therefore, water can help to clean and refresh the throat. In addition, water can prevent jaundice in young infant… (22-year-old, married housewife, ID 5, Session 3, Theme 2)

Breastfed babies are well behaved, however, in my opinion, exclusive breastfeeding can be practiced only the first week after delivery, and after that we should give water because the newborn baby is thirty… Giving water to newborn baby is very common practice for us because my parents, friends, neighbors or the people who experienced having baby, all doing like this from long time ago. (30-year-old, married housewife, ID 1, Session 1, Theme 2)

Exclusive breastfeeding for six months is ideally. However, I think it is impossible because human always need to drink water so we have to give water together with breastfeeding…Giving water is to clean the mouth because breast milk leaves some white mucus...At three months, I introduced processed-supplementary foods, thin porridge and

fruits. I was advised by the doctor from a Thai hospital to do so. I substituted to formula milk fully at 10 months and stopped breastfeeding completely. (22-year-old, married business owner, ID 4, Session 2, Theme 2)

On the other hand, 11 out of 29 participants also admitted that they first gave water but not formula milk to their newborn for the first few days after delivery. It was because they did not have breast milk and thought water was appropriate and safe to give to the newborn. In addition, they were suggested by others such as their mothers. As result. All 29 participants did not practice EBF for six months; however, five out of 29 participants could continue breastfeeding until seven months to one year.

I also agree with other participants that every woman should do breastfeeding because it is good but we should not give only breast milk alone but we should give water at the same time. My grandson received formula milk and water for 3 days after delivery. On the 4th day, breast milk came and started breastfeeding, stopped formula milk plus give water for 3 months. He started eating thin porridge and water at 4 months and continued breastfeeding. He stopped breastfeeding at 1 year because he was grow up enough and did not need breastfeeding. (48-year-old, married construction laborer, ID 4, Session 6, Theme 2)

4. Discussion

Despite the growing recognition of the important role of mass media in health promotion in the increasingly globalized world, this research was the first study in Lao PDR that addressed the association of media's formula use promotion with breastfeeding, especially EBF for six months. To the best of the author researcher's knowledge, this research was also one of the first studies examining the role of cross-border media influence on breastfeeding in the world. In addition, this was the first IIFAS study in Lao PDR using Lao language version, and was also one of the few in lower-middle-income and non-English speaking countries.

4.1 Key breastfeeding indicators

The EBF rate for six months in this study was 16.1%. Despite the lack of internationally comparable data, the figure may be interpreted lower than the EBF rate in urban areas of the neighboring countries of Lao PDR such as Cambodia 40.3% (2008) [105]. However, the rate was higher than Thailand, the major origin of formula use promotion for mothers in Lao PDR and by far the least EBF-practicing country in the region [85]. In 2008, the national EBF rate in Thailand was 5.4% [85] and the urban EBF rate was 3.5 % [85,106]. In any event, the EBF rate of 16.1% in this study is alarming, as it is far less than 60%, the target set by WHO and UNICEF through their recent breastfeeding campaign in Lao PDR [30].

However, the EBF rate was substantially higher than 2.8% in a comparable study conducted in Vientiane Capital in February 2007 [50]. Similarly, the CBF rate at two years of age also largely increased to 24.7% from 4.8% in 2007 [50]. It is difficult to provide the precise explanation for these improvements; nevertheless, one possibility is the effects of UNICEF's massive breastfeeding promotion in Vientiane Capital through radio and posters since September 2009 [107]. Based on the finding from this study that the Lao mothers were frequently exposed to Thai TV, another reason could be the influence of another UNICEF's breastfeeding promotion through Thai media in 2009 by a well-known Thai actor as a breastfeeding ambassador [108]. This finding highlights the paradoxical nature of Thai mass media, as a potential factor in increasing or decreasing the EBF rate in Lao PDR.

4.2 Maternal exposure to Thai media's formula use promotion and development of positive attitudes towards formula use through TV commercials

The surveyed urban Lao mothers were frequently exposed to Thai media's promotion on formula milk through various media channels. In particular, TV commercial (96.8%) was the most popular means of obtaining information on formula milk. Also, although nowadays a large number of populations, especially in urban areas in Lao PDR, watch satellite TV programs through channels other than in Lao and/or Thai, Thai remained the most exposed language. This is most likely because of the Lao people's familiarity with

the language and culture, expressed among FGD participants (ID 5, Session 2, Theme 1 and ID 1, Session 6, Theme 1). As assumed, because of the exposure, considerable number of respondents developed a positive attitude towards formula use through media.

The major impression that the respondents received in the media messages were that formula milk is rich in nutrients and encourages children to grow faster, taller and smarter, as found both in survey and FGD (ID 1, Session 1, Theme 1 and ID 2, Session 2, Theme 1). These correspond to the images that formula milk manufacturers market and promote to create demand for purchase of the products, reported in the previous study in the country [49,81].

This misunderstanding on formula use can be a serious obstacle to the continuation of breastfeeding. This is because mothers could inappropriately consider formula milk as good as or even better than breast milk. FGD further revealed that mothers tend to believe the information in Thai TV commercial and perceive that they can choose formula milk anytime as a reliable and convenient substitution option without being patient and waiting for breast milk (ID 5, Session 5, Theme 2; ID 4, Session 2, Theme 2; and ID 1, Session 6, Theme 2). However, on many occasions mothers have to be patient and wait for the breast milk to come. Previous studies showed that even a short period use of formula milk can lead an early cessation of breastfeeding unintentionally [109]. It was because the

babies become familiar with formula milk through bottle-feeding with pacifier nipples, and they no longer want to breastfeed from mothers [110].

In addition, as such constructed images were conveyed mostly on TV, the images reached a large audience covering numerous geographical areas and times of day. In contrast to the messages carried out in breastfeeding campaigns where the targeted areas were often more focused and campaign duration was timed. Therefore, the images can be reinforced during a long period of time on a massive scale, passed on from generation to generation, and become "conventional wisdom" across the entire country, a tremendous challenge for the future.

Despite the relatively high educational level among the urban mothers, many participants identified that they developed a positive attitude to formula milk through exposure to the Thai media's promotion. One possible explanation could be that educated mothers are health conscious and susceptible to the "scientific" advantages of formula milk that the manufacturers promote, as shown during the FGD (ID 4, Session 2, Theme 1). In addition, compared to other traditional media channels such as posters, Lao people are less critical about what the TV commercial promotes because they see TV as a symbol of advanced technology that is respected. A study in Philippines has also found that educational level could be a factor in reliance on formula milk [46].

4.3 Impact of media influenced attitude on EBF for six months

In the multivariate logistic regression model, mothers who developed a positive attitude towards formula use through TV commercial were approximately 75% less likely to practice EBF for six months compared to those who did not. Therefore, the hypothesis was accepted.

However, further analysis on both survey and FGD data implies that the main reason to stop EBF was not only formula use, but also plain water use. A previous study in Lao PDR also found that plain water was the most common additional intake within the last 24 hours among infant aged 0-5 months [109].

A closer look at the participants' attitudes in the FGD suggests that while mothers had a positive attitude towards formula milk, they simultaneously had a positive attitude towards breastfeeding but a less positive attitude towards EBF (ID 5, Session 3, Theme 2 and ID 6, Session 3, Theme 2) [43]. This may be because mothers perceive that they should breastfeed along with water substitution. As mothers in Lao PDR often believe that water should be given to infants to prevent jaundice and thirstiness, and that it is impossible not to give water as shown in FGD (ID 5, Session 3, Theme 2; ID 6, Session 3, Theme 2; and ID 1, Session 6, Theme 2).

Therefore, it is important to note that even without Thai media's formula use promotion and its influence on attitudes towards formula milk, the EBF rate in Lao PDR

will not improve unless inappropriate beliefs around breastfeeding substitution are properly addressed with interventions. The knowledge about water use to breastfeeding infants should be included in breastfeeding education.

4.4 Maternal knowledge and attitudes assessed by the IIFAS and testing the IIFAS

The study results suggest that a large number of respondents may not have had decisive knowledge and attitudes on the items asked. This is because the proportion of respondents with total score in neutral category was high at 90.3 %.

It also implied the mothers in general had positive attitudes towards breastfeeding while they presented inappropriate breastfeeding knowledge. For instance, as in Table 9, the mothers seem not knowing the fact that formula fed babies are likely to be overfed while breastfed ones are not. Also, nearly 70% of the respondents agreed with a statement that mother who occasionally drinks alcohol should not breastfeed her baby. In addition, the respondents did not have appropriate knowledge on nutritional benefits of breast milk. Almost 90% of the respondents supported the idea of formula feeding if mothers are working outside home, which corresponds to the FGD result, and 43.5% agreed that women should not breastfeed in public places such as restaurants.

These results were consistent with the findings of the survey in 2007 which investigated the association of exposure of formula media promotion on mother's

breastfeeding attitudes among Lao mothers [50]. Therefore, (1) nutritional benefits of breastfeeding; (2) breastfeeding in public places; and (3) pumping breast milk for mothers who plan to work outside should be promoted through antenatal care as the utilization of antenatal care services among Lao urban mothers is high at 94.1% [26].

The IIFAS has been used widely in various countries [111,112]. The studies have previously been tested and reported adequate predictive validity and internal consistency of the IIFAS, with Cronbach's alpha ranging from 0.71 in Saudi Arabia [113] to 0.86 in the United States [114] and 0.89 in Northern Ireland [115]. For instance, there are at least ten studies using the IIFAS in the United States and United Kingdom [116,117,118,119,120,121]. In Asia, the IIFAS has been used in China, Taiwan and India [122,123,124]. However, similar to our study, there have been studies where the internal consistency was moderate between 0.46 and 0.55 [125,126]. These studies were conducted in non-English speaking countries such as Japan, China and Romania [126,127,128].

Therefore, the potential reasons why the internal consistency in this study was moderate ($\alpha = 0.53$) were: (1) the type of respondents and (3) understandability of the questions among the respondents. Our study population was mothers who had children aged of 0-23 months as the study also aimed to measure EBF for six months. However, the other IIFAS studies primarily targeted women with the first time pregnancy [115,119] and follow them after delivery. Our study did not have any pregnant women. It is unclear how

this difference in the type of respondents (pregnant women vs. mothers) affected on how the respondents expressed on their attitudes. Therefore, further investigation is required to assess if the IIFAS is reliable to be used with non-pregnant populations.

Another reason for moderate internal consistency level could be the lack of understandability on the questions among the respondents, resulted from language translation. The IIFAS was originally developed in English language in the United States. Most of the previous studies have been conducted in English speaking countries such as the United States, the United Kingdom and Australia [116,118,125,129,130]. Despite the procedures described in methods to ensure the validity and reliability of the IIFAS, the respondents may not have fully comprehended the meaning of the statements in Lao language. For instance, a statement was asked: "the nutritional benefits of breast milk last only until the baby is weaned from breast milk". However, it is occasionally observed that the respondents could not digest the meaning of the statement easily especially on "only until" and therefore they required elaborated explanation from the interviewers. This also explains partially why the respondents did not have decisive attitudes on some of the questions due to lack of full comprehension of the intent of the questions.

4.5 Limitations

There were some limitations regarding this study. First, as a quantitative part of this study was a cross-sectional study, the consequent of the causal relationships between exclusive

breastfeeding and the independent variables were not firmly established. However, in order to triangulate the quantitative data, the study also used qualitative method. Based on the results of FGDs as discussed, the influence of the Thai media on maternal breastfeeding was suggestive and inverse direction seems to be irrational.

Second, the analyses in this study were based primarily on self-reported responses by the respondents. Although recall bias were minimized through using tools such as the 24 hour dietary recall, the possibility of recall bias may still exist. However, there is no other feasible way to exactly measure various respondent practices and behaviors.

Third, this study did not directly measure if the formula promotions through Thai media have developed the positive attitude to formula milk among Lao mothers. Instead, maternal reports were used to identify if the Thai media is the reason for their positive attitude to formula milk. It was not possible to exclude the influence of formula milk promotion from Thailand that is not measured in this study. For example, participants may be influenced by formula milk promotion through concerts, festivals, religious events and shopping in Thailand.

Forth, there may be direct sales or promotion of formula use through public health providers such as doctors, nurses and pharmacists and shop owners because governmental control of formula promotion in public places is strict. As this study was not able to address these possibilities, further investigation such as a cohort study exploring those

other factors, may be beneficial. Despite these limitations, however, this study still has its value in suggesting the association between cross-border promotion of formula milk and EBF. Cross-border impacts of promoting formula milk should be addressed globally, in particular where culture and language are common.

5. Conclusions

This study revealed that the mothers with children under two years of age in urban areas of Lao PDR had low prevalences in EBF for six months (16.1%), EBF under six months (17.6%), CBF at one year (59.7%) and CBF at two years (24.7%).

A high proportion of mothers interviewed was highly exposed to Thai media's formula use promotion, especially through Thai TV commercials and developed a positive attitude towards formula use through media exposure.

As assumed, mothers who developed a positive attitude towards formula use through TV commercial were approximately 75% less likely to practice EBF for six months than those who were not. Therefore, the hypothesis was accepted. A low breastfeeding prevalence country can negatively affect its neighboring country through its media promotion on formula use when both countries share a cultural and linguistic proximity.

Through the IIFAS, while the studied mothers in Lao PDR in general had positive attitudes toward breastfeeding, they did not have appropriate knowledge on breastfeeding including nutritional benefits of breast milk. Testing the IIFAS, due to the moderate level of internal consistency, the Lao language version of the IIFAS used in this study was found not highly reliable because of the type of respondents and understandability of the questions among the respondents.

6. Recommendations

Based on the conclusions, it is first recommended that measures such as WHO's International Code to control marketing of formula milk through TV commercials should continue and be strengthened. At the same time, as discovered in this study, the successful media control in Lao PDR alone is not sufficient to improve the breastfeeding practices in the country, because the influence originates beyond the borders and is thus beyond the control of a sovereign state. Therefore, the negative impact of Thai formula marketing on breastfeeding must be mainstreamed at a bilateral (Lao PDR and Thailand) and/or regional (Southeast Asia) level and concerted governmental efforts for effective health promotion must to be enforced.

Second, while methods of mitigating the media' influence on breastfeeding practices should be sought out, it is also important to increase the involvement of healthcare providers in breastfeeding promotion, especially at the public hospitals, because a high percentage of urban mothers go to antenatal care. As the majority of the mothers in urban areas deliver at public hospitals and breastfeeding planning prior to the delivery is a known breastfeeding determinant, the public health sector could play an effective role in promoting breastfeeding. Therefore, the capacity building and strengthening of the health facility and utilization of health care providers as effective communication channels, as well as valuable support for EBF on the ground should be considered essential. In addition,

healthcare workers could work with mothers towards appropriate health beliefs such as refuting the conviction that water can be substituted for breastfeeding in the first few days after the birth. Only when all determinants of breastfeeding are sufficiently addressed through the appropriate communication strategy, can behavioral changes and positive health outcomes could be brought about.

Third, in this study, in-depth interviews with formula milk manufacturers were not conducted. Future studies, thus, need to address the supplier side of the formula products, particularly their marketing strategy, in order to provide meaningful insights to the breastfeeding promotion policy marketers.

Forth, since the Thai media's formula use promotion extends beyond its border, a similar study should be conducted in other neighboring countries such as Cambodia and Myanmar where a large number of populations are reported to watch Thai TV, in order to examine if there is any association between Thai formula use promotion and breastfeeding practices in those countries. Such knowledge could be valuable for programming effective breastfeeding promotions.

As the role of mass media is powerful, it could also be utilized to promote EBF in the country, bringing about positive health outcomes, instead of negative ones. Unlike formula milk manufacturers, it may not be financially feasible and sustainable for the public sector to run advertisement of breastfeeding on TV. However, more targeted and

cost-effective media channels such as poster and logo could be used, as this study found that the high exposures to these channels were associated with EBF. The existing media breastfeeding campaigns, run mostly by international organizations, target rural areas, but as the urban areas tend to have lower breastfeeding rates, the suggested media channels should also target urban areas.

Finally, it is recommend further the IIFAS studies be conducted in Lao PDR, with special consideration to the respondent type and understandability of the questions in Lao language.

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Table 1 Characteristics of children, mothers and household

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353(%)		n=355 (%)		n=314 (%)	
Children's characteristics								
Gender								
Boy	537	(52.5)	196	(55.5)	181	(51.0)	160	(51.0)
Girl	485	(47.5)	157	(44.5)	174	(49.0)	154	(49.0)
Age (month)								
9.3 (6.4) [a]	1022	(100.0)	353	(100.0)	355	(100.0)	314	(100.0)
Place of delivery								
Public hospital	927	(90.7)	318	(90.1)	326	(91.8)	283	(90.1)
Home with TBA [b]	39	(3.8)	10	(2.8)	14	(3.9)	15	(4.8)
Home without TBA	43	(4.2)	19	(5.4)	14	(3.9)	10	(3.2)
Other [c]	13	(1.3)	6	(1.7)	1	(0.3)	6	(1.9)
Type of delivery								
Natural birth	914	(89.4)	323	(91.5)	310	(87.3)	281	(89.5)
Cesarean section	108	(10.6)	30	(8.5)	45	(12.7)	33	(10.5)
Birth weight (gram)								
3,091.9 (418.9) [a]								
2,500-2,999	396	(38.7)	129	(36.5)	137	(38.6)	130	(41.4)
3,000 or more	626	(61.3)	224	(63.5)	218	(61.4)	184	(58.6)
Mother's characteristics								
Age (year)								
26.9 (5.2) [a]								
27.0 [d]								
19 or less	62	(6.1)	21	(5.9)	22	(6.2)	19	(6.1)
20-29	653	(63.9)	229	(64.9)	227	(63.9)	197	(62.7)
30-39	295	(28.9)	101	(28.6)	100	(28.2)	94	(29.9)
40 or more	12	(1.1)	2	(0.6)	6	(1.7)	4	(1.3)
Marital status								
Married	1015	(99.3)	350	(99.2)	353	(99.4)	312	(99.4)
Single, divorced or widowed	7	(0.7)	3	(0.8)	2	(0.6)	2	(0.6)
Education (year)								
9.0 (3.6) [a]								
1-5 (Primary school)	230	(22.5)	86	(24.4)	72	(20.3)	72	(22.9)
6-8 (Lower secondary school)	308	(30.1)	102	(28.9)	109	(30.7)	97	(30.9)
9-11 (Upper secondary school)	289	(28.3)	101	(28.6)	100	(28.2)	88	(28.0)
12 or more (College, university or graduate school)	195	(19.1)	64	(18.1)	74	(20.8)	57	(18.2)

[a] Mean (SD)

[b] Traditional Birth Attendant

[c] Including clinic in Laos, private hospital or clinic in Thailand

[d] Median

Table 1 (continued) Characteristics of children, mothers and household

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
Occupation								
Housewife	574	(56.2)	214	(60.6)	187	(52.7)	173	(55.1)
Government employee	94	(9.2)	35	(9.9)	37	(10.4)	22	(7.0)
Private employee	36	(3.5)	13	(3.7)	14	(3.9)	9	(2.9)
Own business	156	(15.3)	49	(13.9)	51	(14.4)	56	(17.8)
Unemployed	10	(1.0)	4	(1.1)	2	(0.6)	4	(1.3)
Farmer	58	(5.7)	19	(5.4)	21	(5.9)	18	(5.7)
Laborer	19	(1.9)	5	(1.4)	8	(2.3)	6	(1.9)
Other [a]	75	(7.3)	14	(4.0)	35	(9.9)	26	(8.3)
Number of children (person)								
1.7 (0.9) [b]								
1-3	979	(95.8)	335	(94.9)	341	(96.1)	303	(96.5)
4-6	43	(4.2)	18	(5.1)	14	(3.9)	11	(3.5)
Place to go for antenatal care (ANC)								
Public hospital	964	(97.0)	325	(94.5)	340	(98.3)	299	(98.4)
Other [c]	30	(3.0)	19	(5.5)	6	(1.7)	5	(1.6)
Never gone to any place for ANC	28	—	9	—	9	—	10	—
Plan for breastfeeding before delivery								
Yes	975	(95.4)	333	(94.3)	345	(97.2)	297	(94.6)
No	47	(4.6)	20	(5.7)	10	(2.8)	17	(5.4)

[a] Including employees working on various types of jobs, craftmakers, student, retired government, employee, textile worker and hair maker

[b] Mean (SD)

[c] Including Thai public hospital, Thai private clinic, village health volunteer and traditional healer

Table 1 (continued) Characteristics of children, mothers and household

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
Household's characteristics								
Monthly income (US dollars) [a]								
211.1 (236.2) [b]								
146 or less [c]	537	(52.5)	203	(57.5)	179	(50.4)	155	(49.4)
147 or more	485	(47.5)	150	(42.5)	176	(49.6)	159	(50.6)
Husband ever learnt appropriate breastfeeding								
Yes	825	(81.9)	280	(81.2)	291	(82.9)	254	(81.7)
No	182	(18.1)	65	(18.8)	60	(17.1)	57	(18.3)
I do not know	15	—	8	—	4	—	3	—
Husband ever encouraged breastfeeding								
Yes	947	(93.3)	333	(94.6)	326	(93.1)	288	(92.0)
No	68	(6.7)	19	(5.4)	24	(6.9)	25	(8.0)
I do not know	7	—	1	—	5	—	1	—

[a] Obtained originally in Lao Kip and converted to US dollars with 1 US dollar for 8,500 Lao Kip.

[b] Mean (SD)

[c] 146 $/ monthly GDP per capita of Vientiane Capital in 2010 (estimate)

Percentages excluding "Never gone to ANC", "Never learned " and "I do not know and not sure".

Table 2 Breastfeeding indicators [a]

	Total		Age of children							
			0-5 months		6-11 months		12-23 months		6-23 months	
	n=1,022	(%)	n=353	(%)	n=355	(%)	n=314	(%)	n=669	(%)
Ever breastfed										
Yes	1011	(98.9)	353	(100.0)	347	(97.7)	311	(99.0)	658	(98.4)
No	11	(1.1)	0	(0.0)	8	(2.3)	3	(1.0)	11	(1.6)
Early initiation of breastfeeding after delivery										
59 minutes or less	691	(68.4)	241	(68.5)	247	(71.2)	203	(65.3)	450	(68.4)
1 hour or more	319	(31.6)	111	(31.5)	100	(28.8)	108	(34.7)	208	(31.6)
I do not know and not sure	1	—	1	—	0	—	0	—	0	—
Never breastfed	11	—	0	—	8	—	3	—	11	—
EBF under six months (0-5 months) [b]										
Yes	61	(17.6)	61	(17.6)	—	—	—	—	—	—
No	285	(82.4)	285	(82.4)	—	—	—	—	—	—
Not applicable	676	—	7	—	355	—	314	—	669	—
EBF for six months (6-23 months)										
Yes	106	(16.1)	—	—	63	(18.2)	43	(13.8)	106	(16.1)
No	552	(83.9)	—	—	284	(81.8)	268	(86.2)	552	(83.9)
Not applicable and never breastfed	364	—	353	—	8	—	3	—	11	—

[a] Breastfeeding indicators were calculated based on Indicators for Assessing Breastfeeding Practices. WHO/CDD/SER/91.4;1991

[b] Based on the 24 hours-recall dietary.

Percentages and statistics calculated excluding "I do not know and not sure", "Not applicable" and "Never breastfed" from the denominator

EBF = Exclusive breastfeeding

Table 2 (continued) Breastfeeding indicators [a]

	Total		Age of children							
			0-5 months		6-11 months		12-23 months		6-23 months	
	n=1,022	(%)	n=353	(%)	n=355	(%)	n=314	(%)	n=669	(%)
CBF at one year (12-15 months)										
Yes	80	(59.7)	—	—	—	—	80	(59.7)	80	(59.7)
No	54	(40.3)	—	—	—	—	54	(40.3)	54	(40.3)
I do not know and not sure	1	—	—	—	—	—	1	—	1	—
Not applicable and never breastfed	887	—	353	—	355	—	179	—	534	—
CBF at two years (20-23 months)										
Yes	22	(24.7)		—		—	22	(24.7)	22	(24.7)
No	67	(75.3)		—		—	67	(75.3)	67	(75.3)
Not applicable	933	—	353	—	355	—	225	—	580	—
Currently breastfeeding										
Yes	718	(71.0)	328	(92.9)	258	(74.4)	132	(42.4)	390	(59.3)
No	293	(29.0)	25	(7.1)	89	(25.6)	179	(57.6)	268	(40.7)
Never breastfed	11	—	0	—	8	—	3	—	11	—
Reason for not currently breastfeeding										
Separation due to work	25	(8.6)	1	(4.0)	7	(7.9)	17	(9.6)	24	(9.0)
Thinking that child is old enough	95	(32.5)	4	(16.0)	22	(24.7)	69	(38.8)	91	(34.1)
Child not wanting to breastfeed	35	(12.0)	2	(8.0)	10	(11.2)	23	(12.9)	33	(12.4)
Not enough breast milk	54	(18.5)	4	(16.0)	25	(28.1)	25	(14.0)	50	(18.7)
Other [b]	83	(28.4)	14	(56.0)	25	(28.1)	44	(24.7)	69	(25.8)
Not applicable [c]	729	—	328	—	266	—	135	—	401	—
Do not know/not sure	1	—	0	—	0	—	1	—	1	—

[a] Breastfeeding indicators were calculated based on Indicators for Assessing Breastfeeding Practices. WHO/CDD/SER/91.4;1991

[b] Including start eating food, pregnancy, mother's sickness, thinking that child is not growing well, currently breastfeeding and never breastfed

[c] Including currently breastfeeding and never breastfed

Percentages and statistics calculated excluding "I do not know and not sure", "Not applicable" and "Never breastfed" from the denominator

CBF = Continued breastfeeding

Table 3 Substitute for breastfeeding

	Total		Age of children [a]					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
First substitute [b]								
Plain water	803	(78.6)	253	(71.7)	289	(81.4)	261	(83.1)
Formula milk	360	(35.2)	114	(32.3)	125	(35.2)	121	(38.5)
Rice soup	246	(24.1)	26	(7.4)	118	(33.2)	102	(32.5)
Fruit juice	100	(9.8)	9	(2.5)	46	(13.0)	45	(14.3)
Other [c]	187	(18.3)	31	(8.8)	71	(20.0)	85	(27.1)
Substitute within the last 24 hours [d]								
Plain water								
Yes	271	(78.3)	271	(78.3)	—	—	—	—
No	75	(21.7)	75	(21.7)	—	—	—	—
I do not know and not sure	7	—	7	—	—	—	—	—
Not applicable	669	—	0	—	355	—	314	—
Formula milk								
Yes	101	(29.4)	101	(29.4)	—	—	—	—
No	243	(70.6)	243	(70.6)	—	—	—	—
I do not know and not sure	9	—	9	—	—	—	—	—
Not applicable	669	—	0	—	355	—	314	—

[a] Time line of recall mother's memories were different for two age groups between 0-5 months and 6-23 months.

[b] Multiple response

[c] Including tinned, powdered, sweetened condensed milk or fresh animal milk, vegetable soup and sticky rice

[d] Based on the 24-hour recall dietary

Table 4 Media exposure on formula use

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
TV commercial								
Frequency of exposures (time) [a]								
A lot	949	(92.9)	317	(89.8)	331	(93.2)	301	(95.9)
A few	40	(3.9)	16	(4.5)	16	(4.5)	8	(2.5)
None	33	(3.2)	20	(5.7)	8	(2.3)	5	(1.6)
Origin of the media								
Thailand	919	(96.8)	311	(98.1)	317	(95.8)	291	(96.7)
Lao PDR	29	(3.1)	6	(1.9)	13	(3.9)	10	(3.3)
Other (Japan)	1	(0.1)	0	(0.0)	1	(0.3)	0	(0.0)
Not applicable, never watched and not remember	73	—	36	—	24	—	13	—
TV other program [b]								
Frequency of exposures (time) [a]								
A lot	780	(76.3)	250	(70.8)	274	(77.2)	256	(81.5)
A few	114	(11.2)	48	(13.6)	43	(12.1)	23	(7.3)
None	128	(12.5)	55	(15.6)	38	(10.7)	35	(11.1)
Origin of the media								
Thailand	751	(96.3)	241	(96.4)	259	(94.5)	251	(98.0)
Lao PDR	28	(3.6)	9	(3.6)	14	(5.1)	5	(2.0)
Other (Japan)	1	(0.1)	0	(0.0)	1	(0.4)	0	(0.0)
Not applicable, never watched and not remember	242	—	103	—	81	—	58	—
Radio								
Frequency of exposures (time) [a]								
A lot	265	(25.9)	70	(19.8)	99	(27.9)	96	(30.6)
A few	244	(23.9)	86	(24.4)	88	(24.8)	70	(22.3)
None	513	(50.2)	197	(55.8)	168	(47.3)	148	(47.1)
Origin of the media								
Thailand	211	(79.6)	56	(80.0)	75	(75.8)	80	(83.3)
Lao PDR	53	(20.0)	14	(20.0)	24	(24.2)	15	(15.6)
Other (China)	1	(0.4)	0	(0.0)	0	(0.0)	1	(1.0)
Not applicable, never watched and not remember	757	—	283	—	256	—	218	—

[a] Time line of recall mother's memories were different for two age groups between 0-5 months and 6-23 months.

[b] Including drama, health program, talk show, cooking, traveling and etc,.)

Percentages calculated excluding "I do not know and not sure", "Not applicable, never watched and not remember"

TV = Television

Table 4 (continued) Media exposure on formula use

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
Poster								
Frequency of exposures (time) [a]								
A lot	756	(74.0)	237	(67.1)	277	(78.0)	242	(77.1)
A few	99	(9.7)	39	(11.0)	35	(9.9)	25	(8.0)
None	167	(16.3)	77	(21.8)	43	(12.1)	47	(15.0)
Origin of the media								
Thailand	667	(88.2)	204	(86.1)	248	(89.5)	215	(88.8)
Lao PDR	87	(11.5)	32	(13.5)	29	(10.5)	26	(10.7)
Other (China)	2	(0.3)	1	(0.4)	0	(0.0)	1	(0.4)
Not applicable, never watched and not remember	266	—	116	—	78	—	72	—
Printed materials [b]								
Frequency of exposures (time) [a]								
A lot	547	(53.5)	168	(47.6)	200	(56.3)	179	(57.0)
A few	208	(20.4)	79	(22.4)	76	(21.4)	53	(16.9)
None	267	(26.1)	106	(30.0)	79	(22.3)	82	(26.1)
Origin of the media								
Thailand	467	(85.4)	137	(81.5)	173	(86.5)	157	(87.7)
Lao PDR	78	(14.3)	31	(18.5)	26	(13.0)	21	(11.7)
Other (Japan)	2	(0.4)	0	(0.0)	1	(0.5)	1	(0.6)
Not applicable, never watched and not remember	475	—	185	—	155	—	135	—
Logo								
Frequency of exposures (time) [a]								
A lot	822	(80.4)	269	(76.2)	288	(81.1)	265	(84.4)
A few	103	(10.1)	41	(11.6)	36	(10.1)	26	(8.3)
None	97	(9.5)	43	(12.2)	31	(8.7)	23	(7.3)
Origin of the media								
Thailand	786	(95.5)	251	(93.3)	279	(96.5)	256	(96.6)
Lao PDR	34	(4.1)	16	(5.9)	9	(3.1)	9	(3.4)
Other (Japan)	3	(0.4)	2	(0.7)	1	(0.3)	0	(0.0)
Not applicable, never watched and not remember	199	—	84	—	66	—	49	—

[a] Time line of recall mother's memories were different for two age groups between 0-5 months and 6-23 months.

[b] Printing materials except poster

Percentages calculated excluding "I do not know and not sure", "Not applicable, never watched and not remember"

Table 5 Positive perception and attitude towards formula use through Thai media exposure

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
TV commercial								
Perception toward formula milk [a]								
A lot of nutrients	681	(66.6)	227	(64.3)	238	(67.0)	216	(68.8)
Make my infant grow fast	719	(70.4)	228	(64.6)	259	(73.0)	232	(73.9)
A lot of vitamins such as Omega 3	527	(51.6)	176	(49.9)	173	(48.7)	178	(56.7)
Make a child healthy and cute	160	(15.7)	57	(16.1)	49	(13.8)	54	(17.2)
Advertisements is colorful and interesting	145	(14.2)	52	(14.7)	54	(15.2)	39	(12.4)
Attitude toward formula milk								
Positive	808	(79.1)	263	(74.5)	280	(78.9)	265	(84.4)
Negative	138	(20.9)	52	(25.5)	51	(21.1)	35	(15.6)
I do not know and not sure	3	—	2	—	0	—	1	—
Not applicable, never watched and not remember	73	—	36	—	24	—	13	—
TV other program								
Perception toward formula milk [a]								
A lot of nutrients	557	(54.5)	175	(49.6)	202	(56.9)	180	(57.3)
Make my infant grow fast	591	(57.8)	179	(50.7)	209	(58.9)	203	(64.6)
A lot of vitamins such as Omega 3	437	(42.8)	141	(39.9)	149	(42.0)	147	(46.8)
Make a child healthy and cute	138	(13.5)	59	(16.7)	40	(11.3)	39	(12.4)
Advertisements is colorful and interesting	114	(11.2)	40	(11.3)	49	(13.8)	25	(8.0)
Attitude toward formula milk								
Positive	661	(64.7)	206	(58.4)	232	(65.4)	223	(71.0)
Negative	117	(35.3)	42	(41.6)	42	(34.6)	33	(29.0)
I do not know and not sure	1	—	1	—	0	—	0	—
Not applicable, never watched and not remember	243	—	104	—	81	—	58	—
Radio								
Perception toward formula milk [a]								
A lot of nutrients	168	(16.4)	44	(12.5)	63	(17.7)	61	(19.4)
Make my infant grow fast	181	(17.7)	49	(13.9)	66	(18.6)	66	(21.0)
A lot of vitamins such as Omega 3	144	(14.1)	33	(9.3)	52	(14.6)	59	(18.8)
Make a child healthy and cute	49	(4.8)	12	(3.4)	16	(4.5)	21	(6.7)
Advertisements is colorful and interesting	31	(3.0)	6	(1.7)	19	(5.4)	6	(1.9)
Attitude toward formula milk								
Positive	214	(20.9)	57	(16.1)	80	(22.5)	77	(24.5)
Negative	50	(79.1)	13	(83.9)	19	(77.5)	18	(75.5)
I do not know and not sure	1	—	0	—	0	—	1	—
Not applicable, never watched and not remember	757	—	283	—	256	—	218	—

[a] Multiple response (percentages divided by denominator of sub-groups such as 1022, 353, 355 and 314)
Percentages excluding "I do not know and not sure", "Not applicable, never watched and not remember"

Table 5 (continued) Positive perception and attitude towards formula use through Thai media exposure

	Total		Age of children					
			0-5 months		6-11 months		12-23 months	
	n=1,022 (%)		n=353 (%)		n=355 (%)		n=314 (%)	
Poster								
Perception toward formula milk [a]								
A lot of nutrients	525	(51.4)	159	(45.0)	188	(53.0)	178	(56.7)
Make my infant grow fast	530	(51.9)	168	(47.6)	196	(55.2)	166	(52.9)
A lot of vitamins such as Omega 3	402	(39.3)	114	(32.3)	147	(41.4)	141	(44.9)
Make a child healthy and cute	140	(13.7)	49	(13.9)	45	(12.7)	46	(14.6)
Advertisements is colorful and interesting	210	(20.5)	63	(17.8)	77	(21.7)	70	(22.3)
Attitude toward formula milk								
Positive	638	(62.4)	194	(55.0)	234	(65.9)	210	(66.9)
Negative	117	(37.6)	42	(45.0)	43	(34.1)	32	(33.1)
I do not know and not sure	1	—	1	—	0	—	0	—
Not applicable, never watched and not remember	266	—	116	—	78	—	72	—
Printed materials								
Perception toward formula milk [a]								
A lot of nutrients	414	(40.5)	120	(34.0)	153	(43.1)	141	(44.9)
Make my infant grow fast	414	(40.5)	124	(35.1)	152	(42.8)	138	(43.9)
A lot of vitamins such as Omega 3	319	(31.2)	83	(23.5)	118	(33.2)	118	(37.6)
Make a child healthy and cute	106	(10.4)	29	(8.2)	39	(11.0)	38	(12.1)
Advertisements is colorful and interesting	109	(10.7)	29	(8.2)	40	(11.3)	40	(12.7)
Attitude toward formula milk								
Positive	465	(45.5)	138	(39.1)	171	(48.2)	156	(49.7)
Negative	81	(54.5)	30	(60.9)	28	(51.8)	23	(50.3)
I do not know and not sure	1	—	0	—	1	—	0	—
Not applicable, never watched and not remember	475	—	185	—	155	—	135	—
Logo								
Perception toward formula milk [a]								
A lot of nutrients	557	(54.5)	186	(52.7)	198	(55.8)	173	(55.1)
Make my infant grow fast	552	(54.0)	176	(49.9)	192	(54.1)	184	(58.6)
A lot of vitamins such as Omega 3	426	(41.7)	128	(36.3)	147	(41.4)	151	(48.1)
Make a child healthy and cute	183	(17.9)	68	(19.3)	52	(14.6)	63	(20.1)
Advertisements is colorful and interesting	300	(29.4)	91	(25.8)	112	(31.5)	97	(30.9)
Attitude toward formula milk								
Positive	703	(68.8)	228	(64.6)	246	(69.3)	229	(72.9)
Negative	122	(31.2)	43	(35.4)	44	(30.7)	35	(27.1)
I do not know and not sure	1	—	0	—	0	—	1	—
Not applicable, never watched and not remember	196	—	82	—	65	—	49	—

[a] Multiple response (percentages divided by denominator of sub-groups such as 1022, 353, 355 and 314)

Percentages calculated excluding "I do not know and not sure", "Not applicable, never watched and not remember"

Table 6 Association of EBF for 6 months with characteristics of children, mothers and household

	Total (%) n=658 [a]		EBF for 6 months					
			EBF (%) n=106		Non-EBF (%) n=552		OR	95%CI	*p* value
Children's characteristics									
Gender									
Boy	336	(51.1)	55	(51.9)	281	(50.9)	1.04	(0.69-1.58)	.916
Girl	322	(48.9)	51	(48.1)	271	(49.1)	1		
Place of delivery									
Public hospital	598	(90.9)	97	(91.5)	501	(90.8)	1.10	(0.52-2.30)	1.000
Other [b]	60	(9.1)	9	(8.5)	51	(9.2)	1		
Type of delivery									
Natural birth	582	(88.4)	89	(84.0)	493	(89.3)	0.63	(0.35-1.12)	.134
Cesarean section	76	(11.6)	17	(16.0)	59	(10.7)	1		
Birth weight [c] (gram)									
2,500-2,999	264	(40.1)	35	(33.0)	229	(41.5)	0.70	(0.45-1.08)	.106
3,000 or more	394	(59.9)	71	(67.0)	323	(58.5)	1		
Early initiation of breastfeeding after delivery									
59 minutes or less	450	(68.4)	87	(82.1)	363	(65.8)	2.38	(1.41-4.04)	.001
1 hour or more	208	(31.6)	19	(17.9)	189	(34.2)	1		
Mother's characteristics									
Age (year)									
26 [c] or less	314	(47.7)	46	(43.4)	268	(48.6)	0.81	(0.53-1.23)	.341
27 or more	344	(52.3)	60	(56.6)	284	(51.4)	1		
Marital status									
Married	654	(99.4)	106	(100.0)	548	(99.3)	0.84	(0.81-0.87)	1.000
Other (Single, divorced or widowed)	4	(0.6)	0	(0.0)	4	(0.7)	1		
Education (year)									
7 or less	210	(31.9)	31	(29.2)	179	(32.4)	0.86	(0.55-1.35)	.570
8 or more	448	(68.1)	75	(70.8)	373	(67.6)	1		

[a] Number of children aged 6-23 months excluding those who had never breastfed

[b] Excluding private hospital or clinic, home with TBA and home without TBA

[c] Cutoff point based on median

p value calculated by Fisher's exact test.

For some values, SPSS was unable to estimate the parameters due to zero case in cell.

EBF = Exclusive breastfeeding; OR = Odds Ratio; CI = Confidence Interval

Table 6 (continued) Association of EBF for 6 months with characteristics of children, mothers and household

	Total (%) n=658		EBF for 6 months						
			EBF (%) n=106		Non-EBF (%) n=552		OR	95%CI	*p* value
Occupation									
Housewife	352	(26.7)	58	(27.4)	294	(26.6)	1.06	(0.69-1.62)	.829
Working	287	(21.8)	45	(21.2)	242	(21.9)	1		
Other [a]	19	(51.5)	3	(51.4)	16	(51.5)	—		
Number of children (person) [b]									
1-2	546	(83.0)	88	(83.0)	458	(83.0)	1.00	(0.58-1.74)	1.000
3 or more	112	(17.0)	18	(17.0)	94	(17.0)	1		
Place to go for antenatal care (ANC)									
Public hospital	628	(95.4)	99	(93.4)	529	(95.8)	0.84	(0.18-3.96)	.688
Other [c]	11	(1.7)	2	(1.9)	9	(1.6)	1		
Never gone to any place for ANC	19	(2.9)	5	(4.7)	14	(2.6)	—		
Plan for breastfeeding before delivery									
Yes	634	(48.2)	101	(47.6)	533	(48.3)	0.72	(0.26-1.97)	.569
No	24	(51.8)	5	(52.4)	19	(51.7)	1		
Household's characteristics									
Monthly income (US dollars)									
146 or less	328	(49.8)	51	(48.1)	277	(50.2)	0.92	(0.61-1.40)	.751
147 or more	330	(50.2)	55	(51.9)	275	(49.8)	1		
Husband ever learnt appropriate breastfeeding									
Yes	539	(81.9)	79	(74.5)	460	(83.3)	0.67	(0.40-1.14)	.152
No	112	(17.0)	23	(21.7)	89	(16.1)	1		
I do not know	7	(1.1)	4	(3.8)	3	(0.6)	—		
Husband ever encouraged breastfeeding									
Yes	605	(91.9)	94	(88.7)	511	(92.6)	0.60	(0.30-1.22)	.154
No	47	(7.1)	11	(10.4)	36	(6.5)	1		
I do not know	6	(1.0)	1	(0.9)	5	(0.9)	—		
Maternal knowledge and attitude on breastfeeding (IIFAS)									
Positive	333	(50.6)	56	(52.8)	277	(50.2)	1.11	(0.73-1.69)	.672
Negative	325	(49.4)	50	(47.2)	275	(49.8)	1		

[a] Excluding government employees, private employees, own business, unemployed, farmer, laborer, employees working on various types of jobs, craftmakers, student, retired government employee, textile worker and hair maker

[b] Cutoff point based on median

[c] Excluding Thai public hospital, Thai private clinic, village health volunteer and traditional healer

p value calculated by Fisher's exact test.

Statistics calculated excluding "Never gone to any place for ANC", and "I do not know"
EBF = Exclusive breastfeeding; OR = Odds Ratio; CI = Confidence Interval

Table 7 Association of EBF for 6 months with Thai media exposure on formula use

	Total (%) n=658		EBF for 6 months						
			EBF (%) n=106		Non-EBF (%) n=552		OR	95%CI	*p* value
TV commercial									
A lot	599	(91.0)	87	(82.1)	512	(92.8)	0.36	(0.20-0.65)	.001
Others [a]	59	(9.0)	19	(17.9)	40	(7.2)	1		
TV other program									
A lot	505	(76.7)	67	(63.2)	438	(79.3)	0.44	(0.29-0.70)	.001
Others [a]	153	(23.3)	39	(36.8)	114	(20.7)	1		
Radio									
A lot	150	(22.8)	20	(18.9)	130	(23.6)	0.76	(0.45-1.28)	.315
Others [b]	508	(77.2)	86	(81.1)	422	(76.4)	1		
Poster									
A lot	455	(69.1)	55	(51.9)	400	(72.5)	0.41	(0.27-0.63)	<.001
Others [b]	203	(30.9)	51	(48.1)	152	(27.5)	1		
Printed materials									
A lot	325	(49.4)	40	(37.7)	285	(51.6)	0.57	(0.37-0.87)	.011
Others [a]	333	(50.6)	66	(62.3)	267	(48.4)	1		
Logo									
A lot	526	(79.9)	66	(62.3)	460	(83.3)	0.33	(0.21-0.52)	<.001
Others [a]	132	(20.1)	40	(37.7)	92	(16.7)	1		

[a] Excluding a few, none, Lao PDR, Japan and others

[b] Excluding a few, none, Lao PDR, China and others

p value calculated by Fisher's exact test.

EBF = Exclusive breastfeeding; OR = Odds Ratio; CI = Confidence Interval; TV = Television

Table 8 Association of EBF for 6 months with attitude towards formula use through Thai media exposure

	Total (%) n=658		EBF for 6 months						
			EBF (%) n=106		Non-EBF (%) n=552		OR	95%CI	*p* value
TV commercial									
Attitude toward formula milk									
Positive	535	(81.3)	71	(67.0)	464	(84.1)	0.47	(0.27-0.82)	.013
Negative	86	(13.1)	21	(19.8)	65	(11.8)	1		
I do not know and not sure	1	(0.2)	1	(0.9)	0	(0.0)	—		
Not applicable, never watched and not remember	36	(5.5)	13	(12.3)	23	(4.2)	—		
TV other program									
Attitude toward formula milk									
Positive	450	(68.4)	58	(54.7)	392	(71.0)	0.47	(0.26-0.85)	.020
Negative	75	(11.4)	18	(17.0)	57	(10.3)	1		
I do not know and not sure	0	(0.0)	0	(0.0)	0	(0.0)	—		
Not applicable, never watched and not remember	133	(20.2)	30	(28.3)	103	(18.7)	—		
Radio									
Attitude toward formula milk									
Positive	152	(23.1)	19	(17.9)	133	(24.1)	0.44	(0.18-1.08)	.076
Negative	37	(5.6)	9	(8.5)	28	(5.1)	1		
I do not know and not sure	1	(0.2)	0	(0.0)	1	(0.2)	—		
Not applicable, never watched and not remember	468	(71.1)	78	(73.6)	390	(70.7)	—		
Poster									
Attitude toward formula milk									
Positive	437	(66.4)	51	(48.1)	386	(69.9)	0.62	(0.31-1.21)	.182
Negative	74	(11.2)	13	(12.3)	61	(11.1)	1		
I do not know and not sure	0	(0.0)	0	(0.0)	0	(0.0)	—		
Not applicable, never watched and not remember	147	(22.3)	42	(39.6)	105	(19.0)	—		
Printed materials									
Attitude toward formula milk									
Positive	320	(48.6)	39	(36.8)	281	(50.9)	0.57	(0.26-1.23)	.179
Negative	51	(7.8)	10	(9.4)	41	(7.4)	1		
I do not know and not sure	1	(0.2)	0	(0.0)	1	(0.2)	—		
Not applicable, never watched and not remember	286	(43.5)	57	(53.8)	229	(41.5)	—		
Logo									
Attitude toward formula milk									
Positive	465	(70.7)	57	(53.8)	408	(73.9)	0.78	(0.40-1.53)	.466
Negative	79	(12.0)	12	(11.3)	67	(12.1)	1		
I do not know and not sure	1	(0.2)	1	(0.9)	0	(0.0)	—		
Not applicable, never watched and not remember	113	(17.2)	36	(34.0)	77	(13.9)	—		

p value calculated by Fisher's exact test.
Statistics calculated excluding "I do not know and not sure", " I do not remember and not sure", "Never watched", "Not applicable" and "Other".

EBF = Exclusive breastfeeding; OR = Odds Ratio; CI = Confidence Interval; TV = Television

Table 9 Maternal knowledge and attitudes towards breastfeeding using the IIFAS in Lao PDR (n = 1,022)

	Scale item	Agree %	Neutral %	Disagree %
1*	The nutritional benefits of breast milk last only until the baby is weaned from breast milk.	64.4	1.1	34.4
2*	Formula feeding is more convenient than breast-feeding.	42.0	1.1	56.8
3	Breastfeeding increase mother-infant bonding.	98.2	0.2	1.60
4*	Breast milk is lacking in iron.	12.6	4.0	83.4
5	Formula-fed babies are more likely to be overfed than are breastfed babies.	54.6	4.2	41.2
6*	Formula-feeding is the better choice if a mother plans to work outside the home	88.3	1.0	10.7
7	Mothers who formula feed miss one of the great joys of motherhood.	74.4	1.8	23.8
8*	Women should not breastfeed in public places such as restaurants.	43.5	1.0	55.4
9	Babies fed breast milk are healthier than babies who fed formula.	95.8	0.3	3.80
10*	Breastfed babies are more likely to be overfed than formula fed babies.	67.8	2.5	29.6
11*	Fathers feel left out if a mother breastfeeds.	13.9	7.1	79.0
12	Breast milk is the ideal food for babies.	98.6	0.2	1.10
13	Breast milk is more easily digested than formula.	97.3	0.5	2.20
14*	Formula is as healthy for an infant as breast milk.	27.3	2.7	70.0
15	Breastfeeding is more convenient than formula feeding.	88.6	0.2	11.2
16	Breast milk is less expensive than formula.	88.5	0.2	11.3
17*	A mother who occasionally drinks alcohol should not breastfeed her bay	69.5	0.7	29.7

Note: The items 1, 2, 4, 6, 8, 10, 11, 14, and 17 were reversed when calculating the score † Disagree includes "strongly disagree" and "disagree" ‡ Agree includes "strongly agree" and "agree".

Table 10 Multivariate logistic regression analysis on selected factors

		EBF for 6 months		
	n	AOR	95%CI	*p* value
Age (year) (26 or less /27 or more)	247/266	0.89	(0.49-1.62)	.703
Education (year) (7 or less /8 or more)	161/352	0.73	(0.38-1.39)	.337
Number of children (person) (1-2/3 or more)	424/89	0.95	(0.42-2.13)	.905
Monthly income (US dollars) (146 or less/147 or more)	258/255	0.79	(0.46-1.38)	.416
Occupation (Housewife/Working)	273/240	1.01	(0.58-1.78)	.961
Gender (Boy/Girl)	246/249	1.12	(0.65-1.94)	.671
House ownership (Own house/Not own house)	253/260	0.79	(0.45-1.40)	.420
Place to go for antenatal care (Public hospital/Other)	494/19	1.38	(0.26-7.30)	.704
Place of delivery (Public hospital/Other)	471/42	0.84	(0.26-2.77)	.779
Type of delivery (Natural birth/Cesarean section)	453/60	0.25	(0.10-0.58)	.001
Plan for breastfeeding before delivery (Yes/No)	500/13	0.73	(0.13-4.30)	.732
Husband ever encouraged breastfeeding (Yes/No)	481/32	0.61	(0.21-1.78)	.365
Early initiation of breastfeeding after delivery (1 hour or less/1 hour or more)	347/166	3.02	(1.42-6.42)	.004
Frequency of exposure to Thai TV commercial on formula use (A lot/Other)	495/18	0.85	(0.20-3.59)	.829
Attitude toward Thai TV commercial on formula use (Positive/Negative)	449/64	0.25	(0.07-0.83)	.024
Frequency of exposure to logo on formula use (A lot/Other)	495/18	0.90	(0.23-3.63)	.889
Attitude toward logo on formula use (Positive/Negative)	441/72	2.11	(0.61-7.32)	.238

AOR = adjusted odds ratio; CI = confidence interval; EBF = Exclusive breastfeeding; TV = Television

Appendix 1: Questionnaire for infant age 0-5 months

1. Background

(Instructions for interviewer are written in italics)

*Please do not read out the answer options EXCEPT FOR this mark **

1. ID Number:_____

2. Household No. _____

3. Code of interviewer: _____

4. Date of interview: / /2010

5. Location of interview ☐ Vientiane Capital

6. District: _____

7. Village:_____

8. Infant's age_____(in month)

9. Date of birth (year/month/date):__/__/__/__

1. Infant's birth-weight _____ (gram)

11. Infant's sex: ☐ Male ☐ Female

12. What is your marital status? *One answer is allowed*

☐ Single ☐ Married ☐ Divorce ☐ Widowed

13. How old are you? _____years

14. How many years of formal schooling in total have you had? _____years

15. How many children have you ever delivered before your infant (the infant that we are investigating in this study)? _____Person Boys: _____Girls:_____

16. Do you or your husband ☐ Own a house ☐ Live in a rental house

☐ Other_____ ☐ Do not know/Not sure

17. If living in a rental house, the amount you pay each month for rent?

_____Kip

☐ Do not know/Not sure ☐ Skip question

Please check the exchange rate of main researcher and use the same rate until the end of the research.

18. What is the monthly average income of you and your husband? _____Kip

☐ Do not know/Not sure. *Please check the exchange rate of main researcher and use the same rate until the end of the research.*

19. What is your current primary occupation? *One answer is allowed*

☐ Housewife ☐ Government employee ☐ Private company staff ☐ Own business ☐ Student ☐ Employee ☐ Unemployed ☐ Farmer ☐ Retired govt. ☐ Worker ☐ Other specify_____

☐ Do not know/Not sure

20. Who is the current primary caretaker for your infant? *One answer is allowed*

☐ Mother☐ Father ☐ Grandmother ☐ Grandfather ☐ Sister ☐ Aunt ☐ Female relative

☐ Male relative ☐ Female Neighbor ☐ Friend female ☐ Maid ☐ Other_____

☐ Do not know/Not sure

21. Who primarily helps you to take care of your infant currently? *One answer is allowed*

☐ Nobody ☐ Father ☐ Grandmother ☐ Grandfather ☐ Sister ☐ Aunt ☐ Female relative

☐ Male relative ☐ Female Neighbor ☐ Friend female ☐ Maid ☐ Other_____

☐ Do not know/Not sure

22. During the pregnancy of your infant, where did you go primarily for antenatal care (ANC)? *One answer is allowed*

☐ Public hospital ☐ Private clinic ☐ Thailand public hospital ☐ Thailand private hospital/clinic

☐ Village health worker ☐ Traditional healer ☐ No ANC ☐ Other_____

23. Where did you deliver your infant?

☐ Home with TBA ☐ Home with non-TBA ☐ Public hospital ☐ Private hospital/clinic ☐ Others_____ ☐ Do not know/Not sure

24. What was your delivery method for your infant?

☐ Natural ☐ Caesarean section

25. Which country did you deliver for your infant?

☐ Thailand ☐ Laos ☐ Other country

26. Did you have a plan for breastfeeding for your infant before delivery?

☐ Yes ☐ No ☐ Do not know/Not sure

27. Has your husband ever learnt about appropriate breastfeeding practices for your infant?

☐ Yes ☐ No ☐ Do not know/Not sure

28. Has your husband ever encouraged you to breastfeed your infant?

☐ Yes ☐ No ☐ Do not know/Not sure

2. Breastfeeding

2.1 Breastfeeding

1. From birth, Has your infant ever been breastfed?

☐ Yes *ask next question* ☐ No *skip to section 3* ☐ Do not know/Not sure *skip to section 3*

2. How long was the interval after delivery when you first put your infant to the breast?

Prompt the options.

☐ <30 min ☐ >30 min☐ within 1 hour ☐ >1 hour ☐ Do not know/Not sure ☐ Skip question

3. Is your infant still being breastfed?

☐ Yes *skip to 7* ☐ No *ask 4, 5 & 6* ☐ Do not know/Not sure ☐ Skip question

4. Have you completely stopped breastfeeding your infant everyday and every night?

☐ Yes ☐ No ☐ Do not know/Not sure ☐ Skip question

5. At how many months was your infant completely stopped breastfeeding everyday and every night?

Record age in day_____ ☐ Do not know/Not sure ☐Skip question

6. Why did you stop breastfeeding your infant?

☐ Infant old enough ☐ Not enough breast milk ☐ Infant no longer wanted to breastfed

☐ To encourage infant to eat solid food ☐ Pregnancy ☐ Separation from infant due to work

☐Mother too sick to breastfeed ☐ Infant not growing well ☐ Other reasons

(specify)_____ ☐ Do not know/Not sure ☐ Skip question

Please check first if mother answers "Yes" in Q3, then ask this question. If answer "No" in Q3, skip to section 2.2.

7. Will you continue breastfeeding your infant?

☐ Yes ☐ No ☐ Do not know/Not sure ☐ Skip question

2.2 EBF under six months

*Note: a substitute means give any additional food or drinks including formula milk besides breast milk

1. From birth until now, have you ever provided your infant with a substitute* for breast milk? Even a drop of water is not accepted.

☐ Yes *ask 2, 3, 4* ☐ No *skip to section 2.3* ☐ Do not know/Not sure *skip to*

section 2.3

2. From birth, when (at what point) was your first time to provide your infant with a substitute* for breast milk?

After ____ (day, week or month) ☐ Do not know/Not sure ☐ Skip question

3. What did you first give your infant with a substitute* for breast milk? *More than one answer is allowed.*

☐ Formula milk ☐ Water ☐ Rice soup ☐ Fruit juice ☐ Vegetable soup ☐ Sticky rice ☐ Other_____ ☐ Do not know/Not sure ☐ Skip question

4. What were the reasons? *More than one answer is allowed.*

☐ Mother did not have enough milk ☐ Mother has cracked, sore nipples or is not able to breastfeed ☐ Mother was in poor health ☐ Mother was pregnant ☐ Mother was working

☐ Infant no longer wanted to breastfed ☐ Other_____ ☐ Do not know/Not sure ☐ Skip question

2.3 EBF under six months for 24hr recall dietary. *Infants under six months of age*

1. Yesterday during the day or the night, did your infant have plain water?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

2. Yesterday during the day or the night, did your infant have infant formula?

☐ Yes *ask next question* ☐ No *skip to 4* ☐ Do not know/Not sure *skip to 4*

3. Yesterday during the day or the night, how many times did your infant have infant formula?

_____ Number of times ☐ Do not know/Not sure ☐ Skip question

4. Yesterday during the day or the night, did your infant have any other milk such as tinned, powdered, sweetened condensed milk or fresh animal milk?

☐ Yes *ask next question* ☐ No *skip to 6* ☐ Do not know/Not sure *skip to 6*

5. Yesterday during the day or the night, how many times did your infant have any other milk such as tinned, powdered, sweetened condensed milk or fresh animal milk?

_____ Number of times ☐ Do not know/Not sure ☐ Skip question

6. Yesterday during the day or the night, did your infant have any juice drinks?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

7. Yesterday during the day or the night, did your infant drink (local name for clear broth/clear soup)?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

8. Yesterday during the day or the night, did your infant drink or eat Vitamin, mineral supplementation or medicine?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

9. Yesterday during the day or the night, did your infant drink ORS (Oral rehydration solution)?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

10. Yesterday during the day or the night, did your infant drink any other liquids?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

11. Yesterday during the day or the night did your infant drink or eat yogurt?

☐Yes *ask next question* ☐No *skip to 13* ☐ Do not know/Not sure *skip to 13*

12. Yesterday during the day or the night, how many times did your infant drink or eat yogurt?

_____ Number of times ☐ Do not know/Not sure ☐Skip question

13. Yesterday during the day or the night, did your infant eat thin porridge?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

14. Yesterday during the day or the night, did your infant eat solid or semi-solid (soft, mushy) food?

☐ Yes *ask next question* ☐ No *skip to 16* ☐ Do not know/Not sure *skip to 16*

15. Yesterday during the day or the night, how many times did your infant eat solid or semi-solid (soft, mushy) food?

_____ Number of times ☐ Do not know/Not sure ☐ Skip question

16. Yesterday during the day or the night, did your infant drink anything from a bottle with a nipple?

☐ Yes *ask next question* ☐ No *ask next question* ☐ Do not know/Not sure *ask next question*

3. Media exposure

3.1 TV commercial advertisement

1. During the past 30 days (one month), how many formula use media messages from TV commercial advertisement have you watched?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.2*
☐ None *skip 3.2*

2. From which following country are those messages that you watched the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from watching those formula use messages on TV commercial advertisement? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐Skip question

4. Did you become wanting to buy formula milk because of watching those formula use messages on TV commercial advertisement?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.2 TV other program

1. During the past 30 days (one month), how many formula use media messages from programs on TV (e.g., drama, health program, talk show, child health program, cooking program, traveling program) have you watched?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.3*
☐ None *skip 3.3*

2. From which following country are those messages that you watched the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from watching those formula use messages on program on TV? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3

☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of watching those formula use messages program on TV?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.3 Radio on formula promotion

1. During the past 30 days (one month), how many formula use media messages from radio have you listened?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.4*
☐ None *skip 3.4*

2. From which following country are those messages that you listened the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from seeing those formula use messages on radio? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on radio?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.4 Poster on formula promotion

1. During the past 30 days (one month), how many formula use media messages from poster have you seen?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.5*
☐ None *skip 3.5*

2. From which following country are those messages that you seen the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐Skip question

3. What was the strongest impression you got from seeing those formula use messages on poster? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on poster?

☐ Yes ☐ No ☐ Do not know/not sure ☐Skip question

3.5 Printed materials except for posters (pamphlet, leaflet, brochure, newspaper)

1. During the past 30 days (one month), how many formula use media messages from printed material have you seen?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.6*
☐ None *skip 3.6*

2. From which following country are those messages that you seen the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐Skip question

3. What was the strongest impression you got from seeing those formula use messages on printed material? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on printed material?

☐ Yes ☐No ☐ Do not know/not sure ☐Skip question

3.6 Logo of Formula milk product

1. During the past 30 days (one month), how many formula use media messages from formula milk product's logo have you seen?

☐ A lot *ask 2,3,4*
☐ A few *skip to section 4*
☐ None *skip to section 4*

2. From which following country are those messages that you seen the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐Skip question

3. What was the strongest impression you got from seeing those formula use messages on formula milk product's logo? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on formula milk product's logo?

☐ Yes ☐No ☐ Do not know/not sure ☐Skip question

4. The Iowa Infant Feeding Attitude Scale (17 items)

For each of the following statements, please indicate how much you agree or disagree by circling the number that most closely corresponds to your opinion (1 = strong disagreement [SD], 2 = disagreement [D], 3 = neutral [N], 4 = agreement [A], 5 = strong agreement [SA]). You may choose any number from 1-5.

		SD	D	N	A	SA
*1.	The nutritional benefits of breast milk last only until the baby is weaned from breast milk.	1	2	3	4	5
*2.	Formula-feeding is more convenient than breast-feeding.	1	2	3	4	5
3.	Breast-feeding increase mother-infant bonding.	1	2	3	4	5
*4.	Breast milk is lacking in iron.	1	2	3	4	5
5.	Formula-fed babies are more likely to be overfed than are breast-fed babies.	1	2	3	4	5
*6.	Formula-feeding is the better choice if a mother plans to work outside the home	1	2	3	4	5
7.	Mothers who formula-feed miss one of the great joys of motherhood.	1	2	3	4	5
*8.	Women should not breast-feed in public places such as restaurants.	1	2	3	4	5
9.	Babies fed breast milk are healthier than babies who fed formula.	1	2	3	4	5
*10.	Breast-fed babies are more likely to be overfed than formula-fed babies.	1	2	3	4	5
*11.	Fathers feel left out if a mother breast-feeds.	1	2	3	4	5
12.	Breast milk is the ideal food for babies.	1	2	3	4	5
13.	Breast milk is more easily digested than formula.	1	2	3	4	5
*14.	Formula is as healthy for an infant as breast milk.	1	2	3	4	5
15.	Breast-feeding is more convenient than formula feeding.	1	2	3	4	5
16.	Breast milk is less expensive than formula.	1	2	3	4	5
*17.	A mother who occasionally drinks alcohol should not breast-feed her bay	1	2	3	4	5

Note. Items marked with asterisks are reverse-scored and the scores for each item are then summed. Higher scores indicate more positive attitudes toward breast feeding.

Questionnaire for Infants aged between 6-23 months

1. Background

(Instructions for interviewer are written in italics)

Please do not read out the answer options EXCEPT FOR this mark *

1. ID Number:_____

2. Household No. _____

3. Code of interviewer: _____

4. Date of interview: / /2010

5. Location of interview ☐Vientiane Capital

6. District: _____

7. Village:_____

8. Infant's age_____(in month)

9. Date of birth (year/month/date)____/____/____

10. Infant's birth-weight _____ (Kg)

11. Infant's sex: ☐ Male ☐ Female

12. From birth until the age of six months, what was your marital status? *More than one answer is allowed.*

☐ Single ☐ Married ☐ Divorce ☐ Widowed

13. At the time of delivery, how old were you? _____years

14. At the time of delivery, how many years of formal schooling in total have you had? _____years

15. How many children have you ever delivered before your infant (the infant that we are investigating in this study)? _____Person Boys: _____Girls:_____

16. At the time of delivery, did you or your husband ☐ Own a house ☐ Live with parents ☐ Live in a rental house ☐Other_____ ☐ Do not know/Not sure

17. If lived in a rental house, the amount you paid a month for rent? _____Kip

☐ Do not know/Not sure ☐ Skip question

Please check the exchange rate of main researcher and use the same rate until the end of the research.

18. From birth until the age of 6 months, what was the monthly average income of you and your husband? _____Kip ☐ Do not know/Not sure

Please check the exchange rate of main researcher and use the same rate until the end of the research.

19. From birth until the age of 6 months, what was your primary occupation? One answer is allowed.

☐ Housewife ☐ Government employee ☐ Private company staff ☐ Own business ☐ Student ☐ Employee ☐ Unemployed ☐ Farmer ☐ Retired govt. ☐ Worker ☐ Other specify_____

☐ Do not know/Not sure

20. From birth until the age of 6 months, who was the primary caretaker for your infant?

☐ Mother☐ Father ☐ Grandmother ☐ Grandfather ☐ Sister ☐ Aunt ☐ Female relative ☐ Male relative ☐ Female Neighbor ☐ Friend female ☐ Maid ☐ Other_____

☐ Do not know/Not sure

21. From birth until the age of 6 months, who primarily helped you to take care of your infant?

☐ Nobody ☐ Father ☐ Grandmother ☐ Grandfather ☐ Sister ☐ Aunt ☐ Female relative ☐ Male relative ☐ Female Neighbor ☐ Friend female ☐ Maid ☐ Other_____

☐ Do not know/Not sure

22. During the pregnancy of your infant, where did you go primarily for antenatal care (ANC)? *One answer is allowed*

☐ Public hospital ☐ Private clinic ☐ Thailand public hospital ☐ Thailand private hospital/clinic ☐ Village health worker ☐ Traditional healer ☐ No ANC ☐ Other_____

23. Where did you deliver your infant?

☐Home with TBA ☐Home with non-TBA ☐Public hospital ☐Private hospital/clinic ☐ Others_____ ☐ Do not know/Not sure

24. What was your delivery method for your infant?

☐ Natural ☐ Caesarean section

25. Which country did you deliver for your infant?

☐ Thailand ☐ Laos ☐ Other country

26. Did you have a plan for breastfeeding for your infant before delivery?

☐ Yes ☐ No ☐ Do not know/Not sure

27. Until the age of 6 months, has your husband ever learnt about appropriate breastfeeding practices for your infant?

☐ Yes ☐ No ☐ Do not know/Not sure

28. Until the age of 6 months, has your husband ever encouraged you to breastfeed your infant?

☐Yes ☐ No ☐ Do not know/Not sure

2. Breastfeeding

2.1 Breastfeeding

1. From birth, has your infant ever been breastfed?

☐ Yes *ask next question* ☐ No *skip to section 3* ☐ Do not know/Not sure *skip to section 3*

2. How long was the interval after delivery when you first put your infant to the breast?

Prompt the options.

☐ <30 min ☐ >30 min☐ within 1 hour ☐ >1 hour ☐ Do not know/Not sure ☐ Skip question

3. Is your infant still being breastfed?

☐ Yes *skip to 7* ☐ No *ask 4, 5 & 6* ☐ Do not know/Not sure *skip to 7* ☐ Skip question

4. Have you completely stopped breastfeeding your infant everyday and every night?

☐ Yes ask ☐ No ☐ Do not know/Not sure ☐ Skip question

5. At how many day/week/month was your infant completely stopped breastfeeding everyday and every night?

Record age in day/week/month _____ ☐ Do not know/Not sure ☐ Skip question

6. Why did you stop breastfeeding your infant?

☐ Infant old enough ☐ Not enough breast milk ☐ Infant no longer wanted to breastfed

☐ To encourage infant to eat solid food ☐ Pregnancy ☐ Separation from infant due to work

☐ Mother too sick to breastfeed ☐ Infant not growing well ☐ Other reasons

(specify)_____ ☐ Do not know/Not sure ☐Skip question

Please check first if mother answers "Yes" in Q3, then ask this question. If answer "No" in Q3, skip to section 2.2.

7. Will you continue breastfeeding your infant?

☐ Yes ☐ No ☐ Do not know/Not sure ☐ Skip question

2.2 EBF for 6 months

*Note: a substitute means give any additional food or drinks including formula milk

besides breast milk

1. From birth until the age of 6 months, have you ever provided your infant with a substitute* for breast milk? Even a drop of water is not accepted.

☐ Yes *ask 2, 3, 4* ☐ No *skip to section 3* ☐ Do not know/Not sure *skip to section 3*

2. From birth, when (at what point) was your first time to provide your infant with a substitute* for breast milk?

After ____ (day, week or month) ☐ Do not know/Not sure ☐ Skip question

3. What did you first give your infant with a substitute* for breast milk? *More than one answer is allowed.*

☐ Formula milk ☐ Water ☐ Rice soup ☐ Fruit juice ☐ Vegetable soup ☐ Sticky rice

☐ Other_____ ☐ Do not know/Not sure ☐ Skip question

4. What were the reasons? *More than one answer is allowed.*

☐ Mother did not have enough milk ☐ Mother has cracked, sore nipples or is not able to breastfeed ☐ Mother was in poor health ☐ Mother was pregnant ☐ Mother was working ☐ Infant no longer wanted to breastfed ☐ Other_____ ☐ Do not know/Not sure ☐Skip question

3. Media exposure

3.1 TV commercial advertisement

1. Since becoming pregnant until the age of 6 months, how many formula use media messages from TV commercial advertisement have you watched?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.2*
☐ None *skip 3.2*

2. From which following country are those messages that you watched the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from watching those formula use messages on TV commercial advertisement? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast

☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐Skip question

4. Did you become wanting to buy formula milk because of watching those formula use messages on TV commercial advertisement?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.2 TV other program

1. Since becoming pregnant until the age of 6 months, how many formula use media messages from programs on TV (e.g., drama, health program, talk show, child health program, cooking program, traveling program) have you watched?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.3*
☐ None *skip 3.3*

2. From which following country are those messages that you watched the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from watching those formula use messages on program on TV? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of watching those formula use messages program on TV?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.3 Radio on formula promotion

1. Since becoming pregnant until the age of 6 months, how many formula use media messages from radio have you listened?

☐ A lot *ask 2,3,4*

☐ A few *skip 3.4*
☐ None *skip 3.4*

2. From which following country are those messages that you listened the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from seeing those formula use messages on radio?

Prompt and tick for all items that apply to the response.

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on radio?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.4 Poster on formula promotion

1GYTS. Since becoming pregnant until the age of 6 months, how many formula use media messages from poster have you seen?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.5*
☐ None *skip 3.5*

2. From which following country are those messages that you seen the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from seeing those formula use messages on poster?

Prompt and tick for all items that apply to the response.

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____

☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on poster?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.5 Printed materials except for posters (pamphlet, leaflet, brochure, newspaper)

1. Since becoming pregnant until the age of 6 months, how many formula use media messages from printed material have you seen?

☐ A lot *ask 2,3,4*
☐ A few *skip 3.6*
☐ None *skip 3.6*

2. From which following country are those messages that you seen the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐ Skip question

3. What was the strongest impression you got from seeing those formula use messages on printed material? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on printed material?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

3.6 Formula milk product's logo

1. Since becoming pregnant until the age of 6 months, how many formula use media messages from formula milk product's logo have you seen?

☐ A lot *ask 2,3,4*
☐ A few *skip to section 4*
☐ None *skip to section 4*

2. From which following country are those messages that you seen the most?

☐ Laos
☐ Thailand
☐ Other (specify)_____ ☐Skip question

3. What was the strongest impression you got from seeing those formula use messages on formula milk product's logo? *Prompt and tick for all items that apply to the response.*

☐ Formula milk has a lot of nutrients
☐ Formula milk can make my infant grows fast
☐ Formula milk has a lot of vitamins such as Omega3
☐ Formula milk make my child healthy and cute
☐ The formula use advertisement is colorful and interesting
☐ Other_____
☐ Do not know/not sure/no comment ☐ Skip question

4. Did you become wanting to buy formula milk because of seeing those formula use messages on formula milk product's logo?

☐ Yes ☐ No ☐ Do not know/not sure ☐ Skip question

4. The Iowa Infant Feeding Attitude Scale (17 items)

For each of the following statements, please indicate how much you agree or disagree by circling the number that most closely corresponds to your opinion (1 = strong disagreement [SD], 2 = disagreement [D], 3 = neutral [N], 4 = agreement [A], 5 = strong agreement [SA]). You may choose any number from 1-5.

		SD	D	N	A	SA
*1.	The nutritional benefits of breast milk last only until the baby is weaned from breast milk.	1	2	3	4	5
*2.	Formula-feeding is more convenient than breast-feeding.	1	2	3	4	5
3.	Breast-feeding increase mother-infant bonding.	1	2	3	4	5
*4.	Breast milk is lacking in iron.	1	2	3	4	5
5.	Formula-fed babies are more likely to be overfed than are breast-fed babies.	1	2	3	4	5
*6.	Formula-feeding is the better choice if a mother plans to work outside the home	1	2	3	4	5
7.	Mothers who formula-feed miss one of the great joys of motherhood.	1	2	3	4	5
*8.	Women should not breast-feed in public places such as restaurants.	1	2	3	4	5
9.	Babies fed breast milk are healthier than babies who fed formula.	1	2	3	4	5
*10.	Breast-fed babies are more likely to be overfed than formula-fed babies.	1	2	3	4	5
*11.	Fathers feel left out if a mother breast-feeds.	1	2	3	4	5
12.	Breast milk is the ideal food for babies.	1	2	3	4	5
13.	Breast milk is more easily digested than formula.	1	2	3	4	5
*14.	Formula is as healthy for an infant as breast milk.	1	2	3	4	5
15.	Breast-feeding is more convenient than formula feeding.	1	2	3	4	5
16.	Breast milk is less expensive than formula.	1	2	3	4	5
*17.	A mother who occasionally drinks alcohol should not breast-feed her bay	1	2	3	4	5

Note: Item marked with asterisks are reverse-score and the scores for each item are then summed. Higher score indicates more positive attitude toward breastfeeding.

ແບບສອບຖາມສຳຫັບເດັກອາຍຸ 0-5 ເດືອນ

1. ປະຫວັດຄອບຄົວ

(ຄຳແ ະ ຳສຳຫລັບ ັກສຳພາດແມ່ ໄດ້ຊ ເປ ຕົວໜັງສືເນີ້)ກະລຸນາຍ່ຳອ່ານຄຳຕອບ ຍົກເວັ້ນຄຳຖາມທີ່ມີ ເຄື່ອງໝາຍດາວເທົ່ານັ້ນ *

1. ເລກ ID:_____ ***ບໍ່ຕ້ອງຊ ນຫຍັງ***
2. ເຮືອ ເລກທີ:_____
3. ລະຫັດນັກສຳພາດ: _____
4. ວັນທີຂອງການສຳພາດ: / /2010
5. ບ່ອນລິງສຳພາດ ☐ ນະຄອນຫລວງວຽງຈັນ
6. ເມືອງ: _____
7 ບ້ານ:_____
8. ອາຍຸຂອງເດັກ_____***(ໄລ່ເປັນເດືອນ ຕົວຢ່ຳງ ຖ້ຳກ ລະນີເດັກໄດ້ 4 ເດືອນປາຍ ແມ່ນໃຫ້ບັນທຶກແຕ່ 4 ເດືອນ)***
9. ວັ ເດືອ ປີເກີດ (ວ/ດ/ປ):____/____/_____/
10. ້ຳໜັກຂອງເດັກມື້ເກີດ _____ (ກຣາມ)
11. ເພດຂອງເດັກ: ☐ ຊາຍ ☐ ຍິງ
12. ສະພາບການແຕ່ງງານໃນປະຈຸບັນ? ***ສ ມ ດຕອບໄດ້ໜຶ່ງຄຳຕອບ***

☐ ໂສດ ☐ ແຕ່ງງານ ☐ ຢ່ຳຮ້ຳງ ☐ ເປັນໝ້ຳຍ

13. ປະຈຸບັນນີ້ ເຈ້ຳອາຍຸເທົ່ຳໃດ? _____ປີ
14. ລວມປີການສຶກສຳທັ້ງໝົດທີ່ເຈ້ຳໄດ້ຮຽນມຳ? _____ປີ
15. ເຈ້ຳໄດ້ມີລູກທັ້ງໝົດຈັກຄົນ ***(ລວມທັ້ງລູກຜູ້ນີ້ຜູ້ທີ່ເຮົຳກ ລັງສຳພາດຢູ່ ເປັນລູກຄົງຂອງແມ່)?***

_____ຄົນ ຜູ້ຊາຍ: _____ແມ່ຍິງ:_____

16. ເຈ້ຳ ຫລື ຜົວຂອງເຈ້ຳມີ ☐ ເຮືອນເປັນຂອງຕົນເອງ ☐ ເຮືອນເປັນຂອງພໍ່ແມ່ ☐ ຢູ່ເຮືອນເຊ່ຳ ☐ ອື່ນໆ_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ
17. ຖ້ຳຢູ່ເຮືອ ເຊ່ຳ, ຈ່ຳຍຄ່ຳເຊ່ຳເທົ່ຳໃດ/ເດືອ /ປີ? (ເປ ເງ ກີບ)_____ກີບ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ
ໃຫ້ຖ ມອັດຕ ແລກປ່ຽນກັບຫົວໜ້ຳກຸ່ມ ແລ ໃຊ້ອັດຕ ດຽວໄປຕ ຫລອດ ***☐ ຂ້ ມຄຳຖ ມ***

18. ລ ຍຮັບສ ເລ່ຍຕໍ່ເດືອນຂອງເຈ້ຳ ແລ ຜົວຂອງເຈ້ຳເທົ່ຳໃດ? _____ກີບ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ
ໃຫ້ຖ ມອັດຕ ແລກປ່ຽນກັບຫົວໜ້ຳກຸ່ມ ແລ ໃຊ້ອັດຕ ດຽວໄປຕ ຫລອດ

19. ປະຈຸບັນ ອ ຊີບຕົ້ນຕໍຂອງເຈ້ຳແມ່ນຫຍັງ? ***ຄຳຕອບດຽວ***

☐ ແມ່ເຮືອນ ☐ ພະນັກງ ນລັດ ☐ ພະນັກງ ນເອກະຊົນ ☐ ຄ້ ຂ ຍ ☐ ນັກສຶກສ ☐ ມີວຽກເຮັດ ☐ ຫວ່ ງ ງ ນ

☐ ຊ ວໄຮ່/ຊ ວນ ☐ ກິນເບ້ຍບຳນ ນ ☐ ກຳມະກ ອນ ☐ ອື່ນໆ (ຈຳແນກ)_____☐ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

20. ປະຈຸບັນແມ່ນໃຜເປັນຜູ້ດູແລເດັກຕົ້ນຕໍ? ***ຄຳຕອບດຽວ***

☐ ແມ ☐ ຜົວ ☐ ແມ່ຕູ້ ☐ ພໍ່ຕູ້ ☐ ເອື້ອຍ/ນ້ອງສາວ ☐ ປ້າ ☐ ຍາດພີ່ນ້ອງຜູ້ຍິງ ☐ ຍາດພີ່ນ້ອງຜູ້ຊາຍ
☐ ເພື່ອນບ້ານຜູ້ຍິງ ☐ ໝູ່ຜູ້ຍິງ ☐ ແມ່ບ້ານ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ☐ ອື່ນ ໆ(ຈໍາແນກ)_____

21. ແລະແມ່ນໃຜເປັນຜູ້ຊ່ວຍເຫລືອເຈົ້າຕົ້ນຕໍໃນການດູແລລູກຜູ້ນີ້? ***ຄໍາຕອບດຽວ***
☐ ບໍ່ມີໃຜ ☐ ຜົວ ☐ ແມ່ຕູ້ ☐ ພໍ່ຕູ້ ☐ ເອື້ອຍ/ນ້ອງສາວ ☐ ປ້າ ☐ ຍາດພີ່ນ້ອງຜູ້ຍິງ ☐ ຍາດພີ່ນ້ອງຜູ້ຊາຍ
☐ ເພື່ອນບ້ານຜູ້ຍິງ ☐ ໝູ່ຜູ້ຍິງ ☐ ແມ່ບ້ານ ☐ ອື່ນ ໆ(ຈໍາແນກ)_____☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

22.ໃນໄລຍະຖືພາລູກຜູ້ນີ້, ເຈົ້າໄປຝາກທ້ອງປະຈໍາຢູ່ໃສ? ***ຄໍາຕອບດຽວ***
☐ ໂຮງໝໍລັດ ☐ ຄຣິ ກເອກະຊ ☐ ໂຮງໝໍລັດຢູ່ປະເທດໄທ ☐ ໂຮງໝໍ/ຄຣິ ກເອກະຊ ຢູ່ປະເທດໄທ
☐ ອາສາສະມັກບ້າ (ອສບ) ☐ ໝໍຢາພື້ນເມືອງ ☐ ບໍ່ໄດ້ຝາກທ້ອງ ☐ ອື່ນໆ (ຈໍາແ ນ:_____

23. ເຈົ້າເກີດລູກຢູ່ໃສ?
☐ ອອກຢູ່ບ້າ ໂດຍມີແພດຊ່ວຍ ☐ ອອກຢູ່ບ້າ ກັບໝໍຕໍາແຍ (ບໍ່ໄດ້ຮັບການ ອົບຮົມຊ່ວຍອອກລູກ)
☐ ໂຮງໝໍລັດ ☐ ໂຮງໝໍ/ຄຣິ ກເອກະຊ ☐ ອື່ນໆ (ຈໍາແ ນ:_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

24. ເຈົ້າເກີດລູກດ້ວຍວິທີໃດ?
☐ ເກີດທໍາມະຊາດ ☐ ຜ່າອອກ

25. ເຈົ້າອອກລູກຜູ້ນີ້ຢູ່ປະເທດໃດ?
☐ ປະເທດໄທ ☐ ປະເທດລາວ ☐ ປະເທດອື່ນໆ(ຈໍາແ ນ:_____

26. ກ່ອ ອອກລູກ ເຈົ້າໄດ້ວາງແຜ ໃ ການ ລ້ຽງລູກດ້ວຍ ົມແມ່ບໍ?
☐ ວາງ ☐ ບໍ່ໄດ້ວາງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

27. ຜົວຂອງເຈົ້າເຄີຍໄດ້ຮຽນຮູ້ວິທີການລ້ຽງລູກດ້ວຍນົມແມ່ທີ່ຖືກຕ້ອງບໍ?
☐ ເຄີຍ ☐ ບໍ່ເຄີຍ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

28. ຜົວຂອງເຈົ້າເຄີຍຊຸກຍູ້ ຫຼື ບອກໃຫ້ເຈົ້າລ້ຽງລູກດ້ວຍນ້ໍານົມແມ່ບໍ?
☐ ເຄີຍ ☐ ບໍ່ເຄີຍ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

2. ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່

2.1 ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່ໃນຊ່ວງທຳອິດຫຼັງເກີດ

1. ຕັ້ງແຕ່ເກີດມາ ລູກຂອງເຈົ້າເຄີຍໄດ້ກິນນົມແມ່ບໍ່?

☐ ເຄີຍ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ເຄີຍ ***ຂ້າມໄປພາກທີ 3*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປພາກທີ 3***

2. ຫຼັງຈາກເກີດລູກແລ້ວດົນປານໃດ ເຈົ້າຈຶ່ງເອົານົມແມ່ໃຫ້ລູກກິນເປັນຄັ້ງທຳອິດ? ****ອ່ານຕົວເລືອກ.***

☐ <30 ນາທີ ☐ >30 ນາທີ ☐ ພາຍໃນ 1 ຊົ່ວໂມງ ☐ >1 ຊົ່ວໂມງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

3. ຕອນນີ້ລູກຂອງເຈົ້າຍັງກິນນົມແມ່ຢູ່ບໍ່?

☐ ກິນ ***ຂ້າມໄປຂໍ້ 7*** ☐ ບໍ່ໄດ້ກິນ ***ສືບຕໍ່ຖາມຂໍ້ 4, 5 & 6*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປຂໍ້ 7*** ***☐ ຂ້າມຄຳຖາມ***

4. ເຈົ້າໄດ້ເຊົ້າໃຫ້ລູກກິນນົມແມ່ເລີຍແລ້ວບໍ່, ເຊິ່ງບໍ່ໄດ້ໃຫ້ກິນທັງມື້ເວັນ ແລະ ມື້ຄືນ?

☐ ເຊົ້າແລ້ວ ☐ ຍັງບໍ່ເຊົ້າ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

5. ຕອນທີ່ໄດ້ເຊົ້າໃຫ້ລູກກິນນົມແມ່ເລີຍນັ້ນ, (ເຊິ່ງບໍ່ໄດ້ໃຫ້ກິນທັງມື້ເວັນ ແລະ ມື້ຄືນ) ລູກຂອງເຈົ້າແມ່ນອາຍຸໄດ້ເທົ່າໃດຈັກມື້/ອາທິດ/ເດືອນ?

ໃຫ້ບັນທຶກອາຍຸເປັນຈັກມື້/ອາທິດ/ເດືອນ_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

(ຖ້າແມ່ຕອບ 3 ເດືອນປາຍ, ຖ້າສາມເດືອນເຄິ່ງໃຫ້ບັນທຶກເປັນ 4 ເດືອນ)

6. ເປັນຫຍັງເຈົ້າຈຶ່ງເຊົ້າໃຫ້ລູກກິນນົມແມ່?

☐ ເດັກໃຫຍ່ພຽງພໍທີ່ຈະເຊົ້ານົມ ☐ ນົມແມ່ບໍ່ພໍ ☐ ເດັກບໍ່ຕ້ອງການກິນນົມແມ່ອີກແລ້ວ ☐ ເພື່ອຊຸກຍູ້ໃຫ້ເດັກກິນອາຫານແຫຼວ ☐ ແມ່ຖືພາ ☐ ຕ້ອງໄດ້ແຍກຈາກລູກເພື່ອກັບຄືນໄປເຮັດວຽກ ☐ ແມ່ບໍ່ສະບາຍຫຼາຍບໍ່ສາມາດໃຫ້ລູກກິນນົມແມ່ໄດ້ ☐ ເດັກບໍ່ຈະເລີນເຕີບໂຕ ຫຼື ບໍ່ຂະຫຍາຍໂຕດີ ☐ ເຫດຜົນອື່ນ (ຈຳແນກ)_____

☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

ໃຫ້ກວດເບິ່ງກ່ອນວ່າແມ່ໄດ້ຕອບ "ກິນ" ໃນ ຄຳຖາມຂໍ້ທີ 3 ບໍ່, ແລ້ວຈຶ່ງຖາມຄຳຖາມນີ້. ຖ້າແມ່ຕອບ "ບໍ່ໄດ້ກິນ" ໃນຄຳຖາມຂໍ້ທີ 3, ໃຫ້ຂ້າມໄປພາກ 2.2

7. ເຈົ້າຈະສືບຕໍ່ໃຫ້ລູກກິນນົມບໍ່?

☐ໃຫ້ກິນ ☐ ບໍ່ໃຫ້ກິນ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

2.2 ການລ້ຽງລູກດ້ວຍນົມແມ່ພຽງຢ່າງດຽວ

ໝາຍເຫດ: ການປ່ຽນແທນໝາຍເຖິງ ການໃຫ້ອາຫານ ຫຼື ເຄື່ອງດື່ມເສີມ ເຊິ່ງລວມທັງນົມຜົງ/ນົມງົວ ທີ່ນອກເໜືອຈາກນົມແມ່

1. ຕັ້ງແຕ່ລູກເກີດຈົນຮອດດຽວນີ້, ເຈົ້າເຄີຍໄດ້ເອົາຫຍັງໃຫ້ລູກກິນເພື່ອເປັນການເສີມ ຫຼື ປ່ຽນແທນນົມແມ່ບໍ່?

(ບໍ່ວ່າຈະເປັນນ້ຳ, ນ້ຳໝຶ້ງ ຫຼື ນ້ຳໝາກໄມ້ຕ່າງໆ ຫຼື ສິ່ງອື່ນໆທີ່ບໍ່ແມ່ນນົມແມ່)

☐ ເຄີຍ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ບໍ່ເຄີຍ ***ຂ້າມໄປພາກທີ 2.3*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປພາກທີ 2.3***

2. ຕັ້ງແຕ່ເກີດ, ຕອນລູກໄດ້ **<u>ອາຍຸເທົ່າທີ່ໃດ</u>** ທີ່ເຈົ້າໄດ້ເອົາຫຍັງໃຫ້ກິນເປັນຄັ້ງທຳອິດເພື່ອເສີມ ຫຼື ປ່ຽນແທນນົມແມ່?
ບັນທຶກເປັນວັນ/ອາທິດ/ເດືອນ_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

3. **<u>ແມ່ນຫຍັງ</u>** ທີ່ເຈົ້າໄດ້ເອົາໃຫ້ລູກກິນເປັນຄັ້ງທຳອິດເພື່ອເປັນເສີມ ຫຼື ປ່ຽນແທນນົມແມ່ໃນຕອນນັ້ນ?
ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.
☐ ນົມຜົງ/ນົມງົວ ☐ ນ້ຳ ☐ ຕົ້ມນ້ຳເຂົ້າ ☐ ນ້ຳໝາກໄມ້ ☐ ແກງຜັກ ☐ ເຂົ້າໜຽວ
☐ ອື່ນໆ(ຈຳແນກ:_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

4. ດ້ວຍເຫດຜົນຫຍັງເຈົ້າຈຶ່ງເສີມ ຫຼື ປ່ຽນແທນນົມແມ່ໃນຕອນນັ້ນ? ***ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***
☐ ນ້ຳນົມແມ່ບໍ່ພໍ ☐ ຫົວນົມແມ່ຈີກເປັນບາດ, ປວດຫົວນົມ ຫຼື ບໍ່ສາມາດໃຫ້ນົມໄດ້ ☐ ສຸຂະພາບຂອງແມ່ອ່ອນແອ
☐ ແມ່ຖືພາ ☐ ແມ່ໄດ້ເຮັດວຽກນອກບ້ານ ☐ ເດັກບໍ່ຕ້ອງການກິນນົມແມ່ອີກແລ້ວ
☐ ອື່ນໆ(ຈຳແນກ:_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

2.3 ໂພສະນາການຂອງເດັກໃນໄລຍະ 24 ຊົ່ວໂມງທີ່ຜ່ານມາ

1. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **<u>ນ້ຳ</u>** ບໍ່?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

2. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **<u>ນົມຜົງ ຫຼື ນົມງົວສຳຫັບເດັກ</u>**?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ບໍ່ໄດ້ກິນ ***ຂ້າມໄປຂໍ້ 4*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປຂໍ້ 4***

3. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນນົມຜົງ ຫຼື ນົມງົວສຳຫັບເດັກ **<u>ຈັກເທື່ອ</u>**?
_____ ບັນທຶກຈຳນວນຄັ້ງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

4. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **<u>ນົມປະເພດອື່ນໆບໍ່ ເຊັ່ນ ນົມປ໋ອງ, ນົມຜົງ (ທີ່ບໍ່ແມ່ນສຳລັບເດັກ), ນົມຂົ້ນຫວານ ຫຼື ນົມສົດຈາກສັດ</u>**?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ບໍ່ໄດ້ກິນ ***ຂ້າມໄປຂໍ້ 6*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປຂໍ້ 6***

5. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນນົມປະເພດອື່ນໆ ເຊັ່ນ ນົມປ໋ອງ, ນົມຜົງ (ທີ່ບໍ່ແມ່ນສຳລັບເດັກ), ນົມຂົ້ນຫວານ ຫຼື ນົມສົດຈາກສັດ **<u>ຈັກເທື່ອ</u>**?
_____ ບັນທຶກຈຳນວນຄັ້ງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

6. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **<u>ນ້ຳໝາກໄມ້</u>** ບໍ່?
☐ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

7. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງກາງຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ
<u>(ນ້ຳຕົ້ມເຂົ້າ ຫຼື ນ້ຳແກງໃສໆ ປະເພດຕ່າງໆບໍ່)</u>?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

8. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, **ລູກຂອງເຈົ້າໄດ້ດື່ມ ຫຼື ກິນ ວິຕາມິນ, ນ້ຳເກືອແຮ ຫຼື ຢາ**ບໍ່?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

9. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **ນ້ຳເກືອທະເລຝຸ່ນ**ບໍ່ (ORS)?
☐ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

10. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ**ຂອງແຫຼວປະເພດອື່ນໆ**ບໍ່?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***
11. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ**ນົມສົ້ມ**ບໍ່?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຂ້ຳມໄປຂໍ້ 13*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້ຳມໄປຂໍ້ 13***

12. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນນົມສົ້ມ**ຈັກເທື່ອ**?
_____ ບັນທຶກຈຳນວນຄັ້ງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້ຳມຄຳຖຳມ***

13. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **ຕົ້ມເຂົ້າລ້າ ຫຼື ເຂົ້າປຸ້ກເຂົ້າລ້າ**?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

14. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ **ອາຫານແຂງ ຫຼື ຂ້ອນຂ້າງແຂງ**ບໍ່ (ຈັບກັນເປັນກ້ອນນີ້ມ ແຕ່ໄດ້ໃຊ້ແຂ້ວຫຍ້ຳ)?
☐ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຂ້ຳມໄປຂໍ້ 16*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້ຳມໄປຂໍ້ 16***

15. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ ອາຫານແຂງ ຫຼື ຂ້ອນຂ້າງແຂງ (ຈັບກັນເປັນກ້ອນນີ້ມ) **ຈັກເທື່ອ**?
_____ ບັນທຶກຈຳນວນຄັ້ງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້ຳມຄຳຖຳມ***
16. ມື້ວານນີ້ທັງໃນຊ່ວງກາງເວັນ ແລະ ຊ່ວງການຄືນ, ລູກຂອງເຈົ້າໄດ້ກິນ ຫຼື ດື່ມຫຍັງຈາກ**ຂວດນົມທີ່ມີຫົວນົມຢາງ**ບໍ່?
☐ ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ໄດ້ກິນ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຖາມຂໍ້ຕໍ່ໄປ***

3. ການໄດ້ຮັບຂໍ້ມູນຂ່າວສານທາງ (ທາງສື່ໂທລະທັດ, ວິທະຍຸ, ໂປຣສະເຕ ແລະ ສິ່ງພິມ)

3.1 ໂຄສະນານົມຜົງ/ນົມງົວສຳລັບເດັກທາງໂທລະທັດ

1. ໃນໄລຍະ 30 ວັນທີ່ຜ່ານມາ (ໜຶ່ງເດືອນ), ເຈົ້າໄດ້ເບິ່ງຂໍ້ຄວາມສິ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກໂຄສະນານົມຜົງ/ນົມງົວທາງໂທລະທັດ**ຫຼາຍປານໃດຈັກເທື່ອ**?
☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້ຳມໄປ 3.2*** ☐ ບໍ່ມີ ***ຂ້ຳມໄປ 3.2***

2. ໂຄສະນານົມຜົງ/ນົມງົວທາງໂທລະທັດທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ**?
☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____ ***☐ຂ້ຳມຄຳຖຳມ***

3. **<u>ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ</u>** ຫຼັງຈາກໄດ້ເບິ່ງໂຄສະນານົມຜົງ/ນົມງົວທາງໂທລະທັດເຫຼົ່ານີ້ແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກທຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ
☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4. ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ່?
☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.2 ລາຍການທາງໂທລະທັດປະເພດຕ່າງໆ

1. ໃນໄລຍະ 30 ວັນທີ່ຜ່ານມາ (ໜຶ່ງເດືອນ), ເຈົ້າໄດ້ເບິ່ງຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວຈາກລາຍການທາງໂທລະທັດປະເພດຕ່າງໆ**<u>ຫຼາຍປານໃດຈັກເທື່ອ</u>**? (ລາຍການຕ່າງໆເຊັ່ນ ລະຄອນ, ລາຍການເພື່ອສຸຂະພາບ, ການລາຍສົນທະນາ, ລາຍການສຸຂະພາບເດັກ, ລາຍການປຸ່ງແຕ່ງອາຫານ, ລາຍການທ່ອງທ່ຽວ…)
☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.3*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.3***

2. ລາຍການທາງໂທລະທັດປະເພດຕ່າງໆທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **<u>ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ</u>**?
☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____***☐ຂ້າມຄຳຖາມ***

3. **<u>ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ</u>** ຫຼັງຈາກໄດ້ເບິ່ງລາຍການທາງໂທລະທັດຕ່າງໆແລ້ວ?*
ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກທຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ
☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4.ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ່?
☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.3 ວິທະຍຸ ການໂຄສະນານົມຜົງ/ນົມງົວສຳລັບເດັກ

1. ໃນໄລຍະ 30 ວັນທີ່ຜ່ານມາ (ໜຶ່ງເດືອນ), ເຈົ້າໄດ້ຍິນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວຈາກໂຄສະນາທາງວິທະຍຸ **ຫຼາຍປານໃດຈັກເທື່ອ**?

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.4*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.4***

2. ໂຄສະນາທາງວິທະຍຸທີ່ເຈົ້າໄດ້ຍິນຫຼາຍເທື່ອນັ້ນ **ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____***☐ຂ້າມຄຳຖາມ***

3. **ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ** ຫຼັງຈາກໄດ້ເບິ່ງໂຄສະນາທາງວິທະຍຸເຫຼົ່ານີ້ແລ້ວ? ****ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕົກທຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ
☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4. ແລະ**ເຈົ້າຕ້ອງການຢາກຊື້**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ່?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.4 ໂປດສະເຕີຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວ

1. ໃນໄລຍະ 30 ວັນທີ່ຜ່ານມາ (ໜຶ່ງເດືອນ), ເຈົ້າໄດ້ເຫັນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກໂປດສະເຕີຜະລິດຕະພັນນົມຜົງ/ນົມງົວ**ຫຼາຍປານໃດຈັກເທື່ອ**?

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.5*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.5***

2. ໂປດສະເຕີຜະລິດຕະພັນນົມຜົງ/ນົມງົວທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____ ***☐ຂ້າມຄຳຖາມ***

3. **ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ**ຫຼັງຈາກໄດ້ເບິ່ງໂປດສະເຕີຜະລິດຕະພັນນົມຜົງ/ນົມງົວນັ້ນແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕົກທຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ
☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4.ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.5 ສິ່ງພິມຍີ້ກເວັ້ນໂປດສະເຕ (ແຜ່ນພັບ, ໃບປິວ, ໜັງສືພິມ)

1. ໃນໄລຍະ 30 ວັນທີ່ຜ່ານມາ (ໜຶ່ງເດືອນ), ເຈົ້າໄດ້ເຫັນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກສິ່ງພິມຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວຕ່າງໆ**<u>ຫຼາຍປານໃດຈັກເທື່ອ?</u>**

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.6*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.6***

2. ສິ່ງພິມຕ່າງໆຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **<u>ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ</u>**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____ ***☐ຂ້າມຄຳຖາມ***

3. **<u>ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ</u>** ຫຼັງຈາກໄດ້ເຫັນສິ່ງພິມຕ່າງໆຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກຫຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ

☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ

☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ

☐ ອື່ນໆ(ຈຳແນກ)_____

☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4.ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.6 ໂລໂກ້ ຫຼື ກາ ຜະລິດຕະພັນນົມຜົງ/ນົມງົວ

1. ໃນໄລຍະ 30 ວັນທີ່ຜ່ານມາ (ໜຶ່ງເດືອນ), ເຈົ້າໄດ້ເຫັນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກໂລໂກ້ຜະລິດຕະພັນນົມຜົງ/ນົມງົວ**<u>ຫຼາຍປານໃດຈັກເທື່ອ?</u>**

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ ພາກທີ 4*** ☐ ບໍ່ມີ ***ຂ້າມໄປ ພາກທີ 4***

2. ໂລໂກ້ຜະລິດຕະພັນນົມຜົງ/ນົມງົວທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **<u>ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ</u>**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____ ***☐ຂ້າມຄຳຖາມ***

3. **<u>ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ</u>**

ຫຼັງຈາກໄດ້ເຫັນເຫຼົ່ານີ້ຈາກໂລໂກ້ຜະລິດຕະພັນນົມຜົງ/ນົມງົວແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກຫຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ

☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ

☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ

☐ ອື່ນໆ(ຈໍາແນກ)_____

☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄໍາຖາມ***

4.ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄໍາຖາມ***

4. Iowa ສະແກວ ເພື່ອວັດທັດສະນະຄະຕິ ໃນການລ້ຽງເດັກ

ກະລຸນາບອກຂໍ້ຄວາມແຕ່ລະຂໍ້ຄວາມດັ່ງລຸ່ມນີ້ ວ່າເຈົ້າເຫັນດີ ຫຼື ບໍ່ເຫັນດີຫຼາຍປານໃດ ໂດຍການວົງມົນເອົາຕົວເລກທີ່ ໃກ້ຄຽງກັບແນວຄວາມຄິດຂອງເຈົ້າຫຼາຍທີ່ສຸດ
(1 = ບໍ່ເຫັນດີທີ່ສຸດ , 2 = ບໍ່ເຫັນດີ , 3 = ບໍ່ມີຄວາມເຫັນ , 4 = ເຫັນດີ, 5 = ເຫັນດີຫຼາຍທີ່ສຸດ). ເຈົ້າສາມາດເລືອກເອົາຕົວເລກຈາກ 1-5.

		ບໍ່ເຫັນດີທີ່ສຸດ	ບໍ່ເຫັນດີ	ບໍ່ມີຄວາມເຫັນ	ເຫັນດີ	ເຫັນດີຫຼາຍທີ່ສຸດ
1.	ຄຸນຄ່າສານອາຫານຂອງນ້ຳນົມແມ່ແມ່ນມີຢູ່ຮອດແຕ່ຕອນເດັກຢ່ານົມແມ່ແລ້ວເທົ່ານັ້ນ.	1	2	3	4	5
2.	ການລ້ຽງດ້ວຍນົມຜົງ/ນົມງົວແມ່ນສະບາຍຫຼາຍກວ່າການລ້ຽງດ້ວຍນ້ຳນົມແມ່.	1	2	3	4	5
3.	ການລ້ຽງດ້ວຍນ້ຳນົມແມ່ແມ່ນເພີ່ມຄວາມຜູກພັນລະຫວ່າງແມ່ ແລະ ລູກ.	1	2	3	4	5
4.	ນ້ຳນົມແມ່ຂາດທາດຫຼັກ.	1	2	3	4	5
5.	ເດັກທີ່ລ້ຽງດ້ວຍນົມຜົງແມ່ນມີແນວໂນ້ມທີ່ຈະໃຫ້ກິນຫຼາຍເກີນໄປກວ່າເດັກທີ່ລ້ຽງດ້ວຍ ນົມແມ່.	1	2	3	4	5
6.	ການລ້ຽງດ້ວຍນົມຜົງແມ່ນທາງເລືອກທີ່ດີກວ່າ ຖ້າແມ່ມີແຜນທີ່ຈະເຮັດວຽກນອກບ້ານ	1	2	3	4	5
7.	ແມ່ທີ່ລ້ຽງດ້ວຍນົມຜົງແມ່ນພາດໂອກາດໜຶ່ງທີ່ສຳຄັນໃນການມ່ວນຊື່ນ ຫຼື ມີຄວາມສຸກ ໃນຊ່ວງຊີວິດຂອງການເປັນແມ່.	1	2	3	4	5
8.	ຜູ້ຍິງບໍ່ຄວນເອົານົມແມ່ໃຫ້ລູກກິນໃນສະຖານທີ່ສາທາລະນະ ເຊັ່ນ ຮ້ານອາຫານ.	1	2	3	4	5
9.	ເດັກທີ່ລ້ຽງດ້ວຍນົມແມ່ແມ່ນມີສຸຂະພາບແຂງແຮງກວ່າເດັກທີ່ລ້ຽງດ້ວຍນົມຜົງ.	1	2	3	4	5
10.	ເດັກທີ່ລ້ຽງດ້ວຍນົມແມ່ແມ່ນມີແນວໂນ້ມທີ່ຈະໃຫ້ກິນຫຼາຍເກີນໄປກວ່າເດັກທີ່ລ້ຽງດ້ວຍ ນົມຜົງ.	1	2	3	4	5
11.	ພໍ່ຮູ້ສຶກໂດດດ່ຽວຖ້າແມ່ເອົານົມໃຫ້ລູກກິນ.	1	2	3	4	5
12.	ນົມແມ່ແມ່ນອາຫານທີ່ດີທີ່ສຸດສຳຫັບເດັກ.	1	2	3	4	5
13.	ນົມແມ່ແມ່ນສາມາດຍ່ອຍໄດ້ງ່າຍກວ່ານົມຜົງ.	1	2	3	4	5
14.	ນົມຜົງເຮັດໃຫ້ເດັກມີສຸຂະພາບດີຄືກັນກັບນົມແມ່.	1	2	3	4	5
15.	ການລ້ຽງລູກດ້ວຍນົມແມ່ແມ່ນສະບາຍກວ່າການລ້ຽງລູກດ້ວຍນົມຜົງ.	1	2	3	4	5
16.	ນົມແມ່ລາຄາບໍ່ແພງກວ່ານົມຜົງ.	1	2	3	4	5
17.	ແມ່ທີ່ດື່ມເຫຼົ້າບາງຄັ້ງຄາວບໍ່ຄວນເອົານົມໃຫ້ລູກກິນ	1	2	3	4	5

1. ປະຫວັດຄອບຄົວ

*(ຄຳແ ະ ຳສຳຫລັບ ັກສຳພາດແມ່ ໄດ້ຊ ເປ ຕົວໜັງສືເນີ້ງ)ກະລຸນາຢ່າອ່ານຄຳຕອບ ຍົກເວັ້ນຄຳຖາມທີ່ມີ ເຄື່ອງໝາຍດາວເທົ່ານັ້ນ **

1. ເລກ ID:_____ *ບໍ່ຕ້ອງຊ ນຫຍັງ*
2. ເຮືອ ເລກທີ:_____
3. ລະຫັດນັກສຳພາດ: _____
4. ວັນທີຂອງການສຳພາດ: / /2010
5. ບ່ອນລົງສຳພາດ □ນະຄອນຫລວງວຽງຈັນ
6. ເມືອງ: _____
7 ບ້ານ:_____
8. ອາຍຸຂອງເດັກ_____*(ໄລ່ເປັນເດືອນ ຕົວຢ່າງ ຖ້າກໍລະນີເດັກໄດ້ 7 ເດືອນປາຍ ແມ່ນໃຫ້ບັນທຶກແຕ່ 7 ເດືອນ)*
9. ວັນເດືອນປີເກີດ (ວ/ດ/ປ)____/____/____
10. ນ້ຳໜັກເດັກມື້ເກີດ _____ (ກຣາມ)
11. ເພດຂອງເດັກ: □ ຊາຍ □ ຍິງ
12. ໃຫ້ບອກສະພາບການແຕ່ງງານຂອງແມ່ ຕັ້ງແຕ່ລູກເກີດຈົນຮອດອາຍຸ 6 ເດືອນ. ***ສາມາດຕອບ ໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບໃຫ້ລຽງໝາຍເລກໃສ່ທາງໜ້າຄຳຕອບ ຕົວຢ່າງ ຄຳຕອບທີ 1, 2 ຫຼື 3***

□ ໂສດ □ ແຕ່ງງານ □ ຢ່າຮ້າງ □ ເປັນໝ້າຍ

13. ຕອນອອກລູກຜູ້ນີ້, ເຈົ້າອາຍຸເທົ່າໃດ? _____ປີ
14. ຕອນອອກລູກຜູ້ນີ້, ລວມປີການສຶກສາທັງໝົດທີ່ເຈົ້າໄດ້ຮຽນມາ? _____ປີ
15. ເຈົ້າໄດ້ມີລູກທັງໝົດຈັກຄົນ *(ລວມທັງລູກຜູ້ນີ້ຜູ້ທີ່ເຮົາກຳລັງສຳພາດຢູ່ ເປັນລູກຄົງຂອງແມ່)*?

_ຄົນ ຜູ້ຊາຍ: _____ແມ່ຍິງ:_____

16. ຕອນອອກລູກ, ເຈົ້າ ຫລື ຜົວຂອງເຈົ້າມີ □ ເຮືອນເປັນຂອງຕົນເອງ □ ເຮືອນເປັນຂອງພໍ່ແມ່ □ ຢູ່ເຮືອນເຊົ່າ □ ອື່ນໆ_____ □ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ
17. ຖ້າຢູ່ເຮືອ ເຊົ່າ, ຈ່າຍຄ່າເຊົ່າເທົ່າໃດ/ເດືອ /ປີ? (ເປ ເງ ກີບ)_____ກີບ □ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

ໃຫ້ຖາມອັດຕາແລກປ່ຽນກັບຫົວໜ້າກຸ່ມ ແລະ ໃຊ້ອັດຕາດຽວໄປຕະຫລອດ □ ຂ້າມຄຳຖາມ

18. ຕັ້ງແຕ່ລູກເກີດຈົນຮອດອາຍຸ 6 ເດືອນ, ລາຍຮັບສະເລ່ຍຕໍ່ເດືອນຂອງເຈົ້າ ແລະ ຜົວຂອງເຈົ້າເທົ່າໃດ? _____ກີບ

□ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ໃຫ້ໃຊ້ອັດຕາດຽວໄປຕະຫລອດ 250 ສຳລັບເງິນບາດ ແລະ 8,200 ສຳລັບເງິນໂດລ້າ***

19. ຕັ້ງແຕ່ລູກເກີດຈົນຮອດອາຍຸ 6 ເດືອນ, ອາຊີບຕົ້ນຕໍຂອງເຈົ້າແມ່ນຫຍັງ? ***ຄຳຕອບດຽວ***

□ ແມ່ເຮືອນ □ ພະນັກງານລັດ □ ພະນັກງານເອກະຊົນ □ ຄ້າຂາຍ □ ນັກສຶກສາ □ ມີວຽກເຮັດ □ ຫວ່າງງານ

□ ຊາວໄຮ່/ຊາວນາ □ ກິນເບ້ຍບຳນານ □ ກຳມະກອນ □ ອື່ນໆ

(ຈຳແນກ)_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

20. ຕັ້ງແຕ່ລູກເກີດຈົນຮອດອາຍຸ 6 ເດືອນ, ແມ່ນໃຜເປັນຜູ້ດູແລເດັກຕົ້ນຕໍ? ***ຄຳຕອບດຽວ***
☐ ແມ່ ☐ ພີ່ ☐ ແມ່ຕູ້ ☐ ພໍ່ຕູ້ ☐ ເອື້ອຍ/ນ້ອງສາວ ☐ ປ້າ ☐ ຍາດພີ່ນ້ອງຜູ້ຍິງ ☐ ຍາດພີ່ນ້ອງຜູ້ຊາຍ
☐ ເພື່ອນບ້ານຜູ້ຍິງ ☐ ໝູ່ຜູ້ຍິງ ☐ ແມ່ບ້ານ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ☐ ອື່ນໆ
(ຈຳແນກ)_____

21. ຕັ້ງແຕ່ລູກເກີດຈົນຮອດອາຍຸ 6 ເດືອນ, ແມ່ນໃຜເປັນຜູ້ຊ່ວຍເຫລືອເຈົ້າຕົ້ນຕໍໃນການດູແລລູກຜູ້ນີ້?
ຄຳຕອບດຽວ
☐ ບໍ່ມີໃຜ ☐ ພີ່ ☐ ແມ່ຕູ້ ☐ ພໍ່ຕູ້ ☐ ເອື້ອຍ/ນ້ອງສາວ ☐ ປ້າ ☐ ຍາດພີ່ນ້ອງຜູ້ຍິງ
☐ ຍາດພີ່ນ້ອງຜູ້ຊາຍ ☐ ເພື່ອນບ້ານຜູ້ຍິງ ☐ ໝູ່ຜູ້ຍິງ ☐ ແມ່ບ້ານ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ☐ ອື່ນໆ
(ຈຳແນກ)_____

22. ໃນໄລຍະຖືພາລູກຜູ້ນີ້, ເຈົ້າໄປຝາກທ້ອງປະຈຳຢູ່ໃສ? ***ຄຳຕອບດຽວ***
☐ ໂຮງໝໍລັດ ☐ ຄລິ ກເອກະຊ ☐ ໂຮງໝໍລັດຢູ່ປະເທດໄທ ☐ ໂຮງໝໍ/ຄລິ ກເອກະຊ ຢູ່ປະເທດໄທ ☐ ອາສາສະມັກບ້າ (ອສບ) ☐ ໝໍຢາພື້ນເມືອງ ☐ ບໍ່ໄດ້ຝາກທ້ອງ ☐ ອື່ນໆ
(ຈຳແ ນ:_____

23. ເຈົ້າເກີດລູກຢູ່ໃສ?
☐ ອອກຢູ່ບ້າ ໂດຍມີແພດຊ່ວຍ ☐ ອອກຢູ່ບ້າ ກັບໝໍຕຳແຍ (ບໍ່ໄດ້ຮັບການ ອົບຮົມຊ່ວຍອອກລູກ)
☐ ໂຮງໝໍລັດ ☐ ໂຮງໝໍ/ຄລິ ກເອກະຊ ☐ ອື່ນໆ (ຈຳແ ນ:_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

24. ເຈົ້າເກີດລູກດ້ວຍວິທີໃດ?
☐ ເກີດທຳມະຊາດ ☐ ຜ່າອອກ
25. ເຈົ້າອອກລູກຜູ້ນີ້ຢູ່ປະເທດໃດ?
☐ ປະເທດໄທ ☐ ປະເທດລາວ ☐ ປະເທດອື່ນໆ(ຈຳແ ນ:_____

26. ກ່ອ ອອກລູກຜູ້ນີ້ ເຈົ້າໄດ້ວາງແຜ ໃ ນາ ລ້ຽງລູກດ້ວຍ ົມແມ່ບໍ?
☐ ວາງ ☐ ບໍ່ໄດ້ວາງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

27. ຈົນລູກໄດ້ອາຍຸ 6 ເດືອນ, ພີ່ນ້ອງຂອງເຈົ້າເຄີຍໄດ້ຮຽນຮູ້ວິທີການລ້ຽງລູກດ້ວຍນົມແມ່ທີ່ຖືກຕ້ອງບໍ?
☐ ເຄີຍ ☐ ບໍ່ເຄີຍ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

28. ຈົນລູກໄດ້ອາຍຸ 6 ເດືອນ, ພີ່ນ້ອງເຈົ້າເຄີຍຊຸກຍູ້ ຫຼື ບອກໃຫ້ເຈົ້າລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່ບໍ?
☐ ເຄີຍ ☐ ບໍ່ເຄີຍ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ

2. ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່

2.1 ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່ໃນຊ່ວງທຳອິດຫຼັງເກີດ

1. ຕັ້ງແຕ່ເກີດມາ ລູກຂອງເຈົ້າເຄີຍໄດ້ກິນນົມແມ່ບໍ?
☐ ເຄີຍ ***ຖາມຂໍ້ຕໍ່ໄປ*** ☐ ບໍ່ເຄີຍ ***ຂ້າມໄປພາກທີ 3*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປພາກທີ 3***

2. ຫຼັງຈາກເກີດລູກແລ້ວດົນປານໃດ ເຈົ້າຈຶ່ງເອົານົມແມ່ໃຫ້ລູກກິນເປັນຄັ້ງທຳອິດ? **** ອ່ານຕົວເລືອກ.***
☐ <30 ນາທີ ☐ >30 ນາທີ ☐ ພາຍໃນ 1 ຊົ່ວໂມງ ☐ >1 ຊົ່ວໂມງ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

3. ຕອນນີ້ລູກຂອງເຈົ້າຍັງກິນນົມແມ່ຢູ່ບໍ?
☐ ກິນ ***ຂ້າມໄປຂໍ້ 7*** ☐ ບໍ່ໄດ້ກິນ ***ສືບຕໍ່ຖາມຂໍ້ 4, 5 & 6*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປຂໍ້ 7***
☐ ຂ້າມຄຳຖາມ

4. ເຈົ້າໄດ້ເຊົ້າໃຫ້ລູກກິນນົມແມ່ເລີຍແລ້ວບໍ, ເຊິ່ງບໍ່ໄດ້ໃຫ້ກິນທັງມື້ເວັນ ແລະ ມື້ຄືນ?
☐ ເຊົ້າແລ້ວ ☐ ຍັງບໍ່ເຊົ້າ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

5. ຕອນທີ່ໄດ້ເຊົ້າໃຫ້ລູກກິນນົມແມ່ເລີຍນັ້ນ, (ເຊິ່ງບໍ່ໄດ້ໃຫ້ກິນທັງມື້ເວັນ ແລະ ມື້ຄືນ) ລູກຂອງເຈົ້າແມ່ນອາຍຸໄດ້ເທົ່າໃດຈັກມື້/ອາທິດ/ເດືອນ?
ໃຫ້ບັນທຶກອາຍຸເປັນມື້/ອາທິດ/ເດືອນ_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

6. ເປັນຫຍັງເຈົ້າຈຶ່ງເຊົ້າໃຫ້ລູກກິນນົມແມ່?
☐ ເດັກໃຫຍ່ພຽງພໍທີ່ຈະເຊົ້ານົມ ☐ ນ້ຳນົມແມ່ບໍ່ພໍ ☐ ເດັກບໍ່ຕ້ອງການກິນນົມແມ່ອີກແລ້ວ ☐ ເພື່ອຊຸກຍູ້ໃຫ້ເດັກກິນອາຫານແຫຼວ ☐ ແມ່ຖືພາ ☐ ຕ້ອງໄດ້ແຍກຈາກລູກເພື່ອກັບຄືນໄປເຮັດວຽກ ☐ ແມ່ບໍ່ສະບາຍຫຼາຍບໍ່ສາມາດໃຫ້ລູກກິນນົມແມ່ໄດ້ ☐ ເດັກບໍ່ຈະເລີນເຕີບໂຕ ຫຼື ບໍ່ຂະຫຍາຍໂຕດີ ☐ ເຫດຜົນອື່ນ (ຈຳແນກ)_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***
ໃຫ້ກວດເບິ່ງກ່ອນວ່າແມ່ໄດ້ຕອບ "ກິນ" ໃນ ຄຳຖາມຂໍ້ທີ 3 ແລ້ວຈຶ່ງຖາມຄຳຖາມນີ້. ຖ້າແມ່ຕອບ "ບໍ່ໄດ້ກິນ" ໃນ ຄຳຖາມຂໍ້ທີ 3, ໃຫ້ຂ້າມໄປພາກ 2.2

7. ເຈົ້າຈະສືບຕໍ່ໃຫ້ລູກກິນນົມບໍ?
☐ໃຫ້ກິນ ☐ ບໍ່ໃຫ້ກິນ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

2.2 ການລ້ຽງລູກດ້ວຍນົມແມ່ພຽງຢ່າງດຽວ ສຳຫັບເດັກທີ່ໄດ້ກິນນົມແມ່ໃນໄລຍະ 6 ເດືອນທຳອິດ

ໝາຍເຫດ: ການປ່ຽນແທນໝາຍເຖິງ ການໃຫ້ອາຫານ ຫຼື ເຄື່ອງດື່ມເສີມ ເຊິ່ງລວມທັງນົມຜົງ/ນົມງົວ ທີ່ນອກເໜືອຈາກນົມແ

1. ຕັ້ງແຕ່ລູກເກີດຈົນຮອດອາຍຸ 6 ເດືອນ, ເຈົ้າເຄີຍໄດ້ເອົາຫຍັງໃຫ້ລູກກິນເພື່ອເປັນການເສີມ ຫຼື ປ່ຽນແທນນົມແມ່ບໍ
(ບໍ່ວ່າຈະເປັນນ້ຳ, ນ້ຳຜຶ້ງ ຫຼື ນ້ຳໝາກໄມ້ຕ່າງໆ ຫຼື ສິ່ງອື່ນໆທີ່ບໍ່ແມ່ນນົມແມ່)
☐ ເຄີຍ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ບໍ່ເຄີຍ ***ຂ້າມໄປພາກທີ 3*** ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***ຂ້າມໄປພາກທີ 3***

2. ຕອນລູກໄດ້ **<u>ອາຍຸເທົ່າທີ່ໃດ</u>** ທີ່ເຈົ້າໄດ້ເອົາຫຍັງໃຫ້ກິນເປັນຄັ້ງທຳອິດເພື່ອເສີມ ຫຼື ປ່ຽນແທນນົມແມ່?

ບັນທຶກເປັນວັນ/ອາທິດ/ເດືອນ_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

3. **<u>ແມ່ນຫຍັງ</u>** ທີ່ເຈົ້າໄດ້ເອົາໃຫ້ລູກກິນເປັນຄັ້ງທຳອິດເພື່ອເປັນເສີມ ຫຼື ປ່ຽນແທນນົມແມ່ໃນຕອນນັ້ນ? ***ສາມາດຕອບ ໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວ ☐ ນ້ຳ ☐ ຕົ້ມນ້ຳເຂົ້າ ☐ ນ້ຳໝາກໄມ້ ☐ ແກງຜັກ ☐ ເຂົ້າໜຽວ

☐ ອື່ນໆ(ຈຳແນກ:_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

4. ດ້ວຍເຫດຜົນຫຍັງເຈົ້າຈຶ່ງເສີມ ຫຼື ປ່ຽນແທນນົມແມ່ໃນຕອນນັ້ນ? ***ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນ້ຳນົມແມ່ບໍ່ພໍ ☐ ຫົວນົມແມ່ຈືກເປັນບາດ, ປວດຫົວນົມ ຫຼື ບໍ່ສາມາດໃຫ້ນົມໄດ້ ☐ ສຸຂະພາບຂອງແມ່ອ່ອນແອ

☐ ແມ່ຖືພາ ☐ ແມ່ໄດ້ເຮັດວຽກນອກບ້ານ ☐ ເດັກບໍ່ຕ້ອງການກິນນົມແມ່ອີກແລ້ວ

☐ ອື່ນໆ(ຈຳແນກ:_____ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ ຂ້າມຄຳຖາມ***

3. ການໄດ້ຮັບຂໍ້ມູນຂ່າວສານທາງ (ທາງ**ສື່ໂທລະທັດ, ວິທະຍຸ, ໂປຣສະເຕ ແລະ ສິ່ງພິມ**)

3.1 ໂຄສະນາການຄ້າທາງໂທລະທັດ

1. ຕັ້ງແຕ່ເລີ່ມຖືພາ ແລະ ຈົນລູກອາຍຸໄດ້ 6 ເດືອນ,
ເຈົ້າໄດ້ເບິ່ງຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກໂຄສະນາ
ນົມຜົງ/ນົມງົວທາງໂທລະທັດ**<u>ຫຼາຍປານໃດຈັກເທື່ອ</u>**?

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.2*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.2***

2. ໂຄສະນານົມຜົງ/ນົມງົວທາງໂທລະທັດທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **<u>ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ</u>**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____ ***☐ ຂ້າມຄຳຖາມ***

3. **<u>ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ</u>** ຫຼັງຈາກໄດ້ເບິ່ງໂຄສະນາ
ນົມຜົງ/ນົມງົວທາງໂທລະທັດເຫຼົ່ານີ້ແລ້ວ?*

ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕິກທຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ

☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ

☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ

☐ ອື່ນໆ(ຈຳແນກ)_____

☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4. ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ່?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.2 ລາຍການທາງໂທລະທັດປະເພດຕ່າງໆ

1. ຕັ້ງແຕ່ເລີ່ມຖືພາ ແລະ ຈົນລູກອາຍຸໄດ້ 6 ເດືອນ,
ເຈົ້າໄດ້ເບິ່ງຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ
ຈາກລາຍການທາງໂທລະທັດປະເພດຕ່າງໆ**ຫຼາຍປານໃດຈັກເທື່ອ**? (ລາຍການຕ່າງໆເຊັ່ນ ລະຄອນ, ລາຍການເພື່ອສຸຂະພາບ, ການລາຍສົນທະນາ, ລາຍການສຸຂະພາບເດັກ, ລາຍການປຸ່ງແຕ່ງອາຫານ, ລາຍການທ່ອງທ່ຽວ…)

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.3*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.3***

2. ລາຍການທາງໂທລະທັດປະເພດຕ່າງໆທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____

☐ຂ້າມຄຳຖາມ

3. **ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ** ຫຼັງຈາກໄດ້ເບິ່ງລາຍການທາງໂທລະທັດຕ່າງໆແລ້ວ?*

ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກຫຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ
☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4.ແລະ**ເຈົ້າຕ້ອງການຢາກຊື້**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ່?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.3 ວິທະຍຸ ການໂຄສະນານົມຜົງ/ນົມງົວສຳລັບເດັກ

1. ຕັ້ງແຕ່ເລີ່ມຖືພາ ແລະ ຈົນລູກອາຍຸໄດ້ 6 ເດືອນ,
ເຈົ້າໄດ້ຍິນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວຈາກ ໂຄສະນາທາງວິທະຍຸ **ຫຼາຍປານໃດຈັກເທື່ອ**?

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.4*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.4***

2. ໂຄສະນາທາງວິທະຍຸທີ່ເຈົ້າໄດ້ຍິນຫຼາຍເທື່ອນັ້ນ **ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____

☐ຂ້າມຄຳຖາມ

3. **ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ** ຫຼັງຈາກໄດ້ຍິນໂຄສະນາທາງວິທະຍຸເຫຼົ່ານີ້ແລ້ວ?*

ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກຫຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ

☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4. ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ?
☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.4 ໂປດສະເຕີຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວ

1. ຕັ້ງແຕ່ເລີ່ມຖືພາ ແລະ ຈົນລູກອາຍຸໄດ້ 6 ເດືອນ,
ເຈົ້າໄດ້ເຫັນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກໂປດສະເຕີຜະລິດຕະພັນນົມຜົງ/ນົມງົວ**<u>ຫຼາຍປານໃດຈັກເທື່ອ</u>**?
☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.5*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.5***

2. ໂປດສະເຕີຜະລິດຕະພັນນົມຜົງ/ນົມງົວທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **<u>ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ</u>**?
☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____
☐ຂ້າມຄຳຖາມ

3. **<u>ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ</u>** ຫຼັງຈາກໄດ້ເບິ່ງໂປດສະເຕີຜະລິດຕະພັນນົມຜົງ/ນົມງົວນັ້ນແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕົກທຸກຄຳຕອບທີ່ແມ່ເລືອກ.***
ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.
☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ
☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ
☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ
☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ
☐ ອື່ນໆ(ຈຳແນກ)_____
☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ ***☐ຂ້າມຄຳຖາມ***

4.ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ?
☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

3.5 ສື່ງພິມຍົກເວັ້ນໂປດສະເຕີ (ແຜ່ນພັບ, ໃບປິວ, ໜັງສືພິມ)

1. ຕັ້ງແຕ່ເລີ່ມຖືພາ ແລະ ຈົນລູກອາຍຸໄດ້ 6 ເດືອນ,
ເຈົ້າໄດ້ເຫັນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກສື່ງພິມຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວຕ່າງໆ **<u>ຫຼາຍປານໃດຈັກເທື່ອ?</u>**
☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ 3.6*** ☐ ບໍ່ມີ ***ຂ້າມໄປ 3.6***

2. ສື່ງພິມຕ່າງໆຂອງຜະລິດຕະພັນນົມຜົງ/ນົມງົວທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **<u>ມາຈາກປະເທດໃດ</u>**

ຫຼາຍທີ່ສຸດ?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____

☐ຂ້າມຄຳຖາມ

3. **ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ** ຫຼັງຈາກໄດ້ເຫັນສິ່ງພິມຕ່າງໆຂອງຜະລິດຕະພັນນົມ ຜົງ/ນົມງົວແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກຫຸກຄຳຕອບທີ່ແມ່ເລືອກ.***

ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ

☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ

☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ

☐ ອື່ນໆ(ຈຳແນກ)_____

☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ *☐ຂ້າມຄຳຖາມ*

4.ແລະ**ເຈົ້າຕ້ອງການຢາກຊື້**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ່?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ *☐ຂ້າມຄຳຖາມ*

3.6 ໂລໂກ້ຜະລິດຕະພັນນົມຜົງ/ນົມງົວ

1. ຕັ້ງແຕ່ເລີ່ມຖືພາ ແລະ ຈົນລູກອາຍຸໄດ້ 6 ເດືອນ,
ເຈົ້າໄດ້ເຫັນຂໍ້ຄວາມສົ່ງເສີມການລ້ຽງລູກດ້ວຍນົມຜົງ/ນົມງົວ ຈາກໂລໂກ້
ຜະລິດຕະພັນນົມຜົງ/ນົມງົວ**ຫຼາຍປານໃດຈັກເທື່ອ?**

☐ ຫຼາຍເທື່ອ ***ຖາມຂໍ້ 2, 3, 4*** ☐ ໜ້ອຍໜຶ່ງ ***ຂ້າມໄປ ພາກທີ 4*** ☐ ບໍ່ມີ ***ຂ້າມໄປ ພາກທີ 4***

2. ໂລໂກ້ຜະລິດຕະພັນນົມຜົງ/ນົມງົວທີ່ເຈົ້າໄດ້ເບິ່ງຫຼາຍເທື່ອນັ້ນ **ມາຈາກປະເທດໃດ ຫຼາຍທີ່ສຸດ**?

☐ ປະເທດລາວ ☐ ປະເທດໄທ ☐ ປະເທດອື່ນໆ (ຈຳແນກ)_____

☐ຂ້າມຄຳຖາມ

3. **ເຈົ້າໄດ້ມີຄວາມປະທັບໃຈຫຍັງຫຼາຍທີ່ສຸດ**

ຫຼັງຈາກໄດ້ເຫັນເຫຼົ່ານີ້ຈາກໂລໂກ້ຜະລິດຕະພັນນົມຜົງ/ນົມງົວແລ້ວ? ***ອ່ານຕົວເລືອກ ແລະ ໃຫ້ຕີກຫຸກຄຳຕອບທີ່ແມ່ເລືອກ. ແມ່ສາມາດຕອບໄດ້ຫຼາຍກວ່າໜຶ່ງຄຳຕອບ.***

☐ ນົມຜົງ/ນົມງົວມີສານອາຫານຫຼາຍ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກຂອງຂ້ອຍໃຫຍ່ໄວ

☐ ນົມຜົງ/ນົມງົວມີວິຕາມິນຫຼາຍ ເຊັ່ນ ໂອເມກາສາມ

☐ ນົມຜົງ/ນົມງົວເຮັດໃຫ້ລູກເປັນຕາຮັກ

☐ ໂຄສະນາມີສີສັນສົດໃສດີ ໜ້າສົນໃຈ

☐ ອື່ນໆ(ຈຳແນກ)_____

☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ/ບໍ່ມີຄວາມເຫັນ *☐ຂ້າມຄຳຖາມ*

4. ແລະ**<u>ເຈົ້າຕ້ອງການຢາກຊື້</u>**ນົມຜົງ/ນົມງົວເຫຼົ່ານີ້ມາໃຫ້ລູກກິນບໍ?

☐ ຢາກຊື້ ☐ ບໍ່ຢາກຊື້ ☐ ບໍ່ຮູ້/ບໍ່ແນ່ໃຈ ***☐ຂ້າມຄຳຖາມ***

4. Iowa ສະແກວ ເພື່ອວັດທັດສະນະຄະຕິ ໃນການລ້ຽງເດັກ

ກະລຸນາບອກຂໍ້ຄວາມແຕ່ລະຂໍ້ຄວາມດັ່ງລຸ່ມນີ້ ວ່າເຈົ້າເຫັນດີ ຫຼື ບໍ່ເຫັນດີຫຼາຍປານໃດ ໂດຍການວົງມົນເອົາຕົວເລກທີ່ ໃກ້ຄຽງກັບແນວຄວາມຄິດຂອງເຈົ້າຫຼາຍທີ່ສຸດ
(1 = ບໍ່ເຫັນດີທີ່ສຸດ , 2 = ບໍ່ເຫັນດີ , 3 = ບໍ່ມີຄວາມເຫັນ , 4 = ເຫັນດີ, 5 = ເຫັນດີຫຼາຍທີ່ສຸດ). ເຈົ້າສາມາດເລືອກເອົາຕົວເລກຈາກ 1-5.

		ບໍ່ເຫັນດີທີ່ສຸດ	ບໍ່ເຫັນດີ	ບໍ່ມີຄວາມເຫັນ	ເຫັນດີ	ເຫັນດີຫຼາຍທີ່ສຸດ
1.	ຄຸນຄ່າສານອາຫານຂອງນ້ຳນົມແມ່ແມ່ນມີຢູ່ຮອດແຕ່ຕອນເດັກຢ່ານົມແມ່ແລ້ວເທົ່ານັ້ນ.	1	2	3	4	5
2.	ການລ້ຽງດ້ວຍນົມຜົງ/ນົມງົວແມ່ນສະບາຍຫຼາຍກວ່າການລ້ຽງດ້ວຍນ້ຳນົມແມ່.	1	2	3	4	5
3.	ການລ້ຽງດ້ວຍນ້ຳນົມແມ່ແມ່ນເພີ່ມຄວາມຜູກພັນລະຫວ່າງແມ່ ແລະ ລູກ.	1	2	3	4	5
4.	ນ້ຳນົມແມ່ຂາດທາດຫຼັກ.	1	2	3	4	5
5.	ເດັກທີ່ລ້ຽງດ້ວຍນົມຜົງແມ່ນມີແນວໂນ້ມທີ່ຈະໃຫ້ກິນຫຼາຍເກີນໄປກວ່າເດັກທີ່ລ້ຽງດ້ວຍ ນົມແມ່.	1	2	3	4	5
6.	ການລ້ຽງດ້ວຍນົມຜົງແມ່ນທາງເລືອກທີ່ດີກວ່າ ຖ້າແມ່ມີແຜນທີ່ຈະເຮັດວຽກນອກບ້ານ	1	2	3	4	5
7.	ແມ່ທີ່ລ້ຽງດ້ວຍນົມຜົງແມ່ນພາດໂອກາດໜຶ່ງທີ່ສຳຄັນໃນການມ່ວນຊື່ນ ຫຼື ມີຄວາມສຸກ ໃນຊ່ວງຊີວິດຂອງການເປັນແມ່.	1	2	3	4	5
8.	ຜູ້ຍິງບໍ່ຄວນເອົານົມແມ່ໃຫ້ລູກກິນໃນສະຖານທີ່ສາທາລະນະ ເຊັ່ນ ຮ້ານອາຫານ.	1	2	3	4	5
9.	ເດັກທີ່ລ້ຽງດ້ວຍນົມແມ່ແມ່ນມີສຸຂະພາບແຂງແຮງກວ່າເດັກທີ່ລ້ຽງດ້ວຍນົມຜົງ.	1	2	3	4	5
10.	ເດັກທີ່ລ້ຽງດ້ວຍນົມແມ່ແມ່ນມີແນວໂນ້ມທີ່ຈະໃຫ້ກິນຫຼາຍເກີນໄປກວ່າເດັກທີ່ລ້ຽງດ້ວຍ ນົມຜົງ.	1	2	3	4	5
11.	ພໍ່ຮູ້ສຶກໂດດດ່ຽວຖ້າແມ່ເອົານົມໃຫ້ລູກກິນ.	1	2	3	4	5
12.	ນົມແມ່ແມ່ນອາຫານທີ່ດີທີ່ສຸດສຳຫັບເດັກ.	1	2	3	4	5
13.	ນົມແມ່ແມ່ນສາມາດຍ່ອຍໄດ້ງ່າຍກວ່ານົມຜົງ.	1	2	3	4	5
14.	ນົມຜົງເຮັດໃຫ້ເດັກມີສຸຂະພາບດີຄືກັນກັບນົມແມ່.	1	2	3	4	5
15.	ການລ້ຽງລູກດ້ວຍນົມແມ່ແມ່ນສະບາຍກວ່າການລ້ຽງລູກດ້ວຍນົມຜົງ.	1	2	3	4	5
16.	ນົມແມ່ລາຄາບໍ່ແພງກວ່ານົມຜົງ.	1	2	3	4	5
17.	ແມ່ທີ່ດື່ມເຫຼົ້າບາງຄັ້ງຄາວບໍ່ຄວນເອົານົມໃຫ້ລູກກິນ	1	2	3	4	5

Appendix 2 Map of study site

Appendix 3 Focus Group Discussion (FGD) guide

Overview

Approximately 20 mothers and/or their mothers/mothers-in-law will be recruited to conduct FGD on issues such as the link between their exposure to formula milk products, purchasing behaviors, and breastfeeding. Each session will have about five participants and there will be four sessions in total. Each session will last between 30 minutes and 45 minutes. The sessions will be tape-recorded.

Objectives:

1. To supplement the survey data limiting open-ended questions
2. To obtain insight how and why mothers are exposed to media for formula milk promotion and discontinue EBF.

Discussion questions:

1. General background: age, number of infants, education and occupation
2. How do you get to know about formula milk?
3. Do you think you are influenced by Thai media on buying formula milk products? If so, how do you think you are influenced?
4. Do you substitute breastfeeding to formula milk? Why and why not?
5. Do you think a Thai infant is healthier than a Lao infant? If so, why?

Recruitment

- Recruitment by approaching mothers on site who are available for participation (snow-ball sampling)

Interviewers

1. The researcher (Phonephay Phoutthakeo) and four assistants
2. The researcher will be the moderator for leading the questions and assistants will record for the whole discussions with help of tape-recorder.
3. The government officer may participate as the observer.

Location

- Temples, community centers, and head village offices

Duration

- Approximately 30-45 minutes for each discussion session, depending on the participants' availability

Material

1. Clip board
2. Pen and pencil
3. Eraser
4. Recorder

Appendix 4 FGD comments and profiles of participants

Session 1

Theme 1	**Theme 2**
(30-year-old, married housewife, ID 1, Session 1, Theme 1, Sisatanak district) *I usually get information from Thai and Lao TV, some from books.* *I know about formula milk from Thai TV commercial,* ***it has a lot of nutrition. The formula milk called Lactogen of Nestle product for newborn is very good because it does not create flatulence and stomach ache in newborn baby.*** *Not really, just follow some trends from Thailand.* (34-year-old, married business owner, ID 2, Session 1, Theme 1, Sisatanak district) *I mainly obtain all kind of information from Thai TV and some from Laos.* *I get to know about formula milk from TV commercial from Thailand and my friends who experienced of formula used.* *I want to buy it thought TV commercial and I actually try it with my newborn baby because I want him to get use to both formula and my milk because it is more convenience for me when I have to work outside.*	**(30-year-old, married housewife, ID 1, Session 1, Theme 2, Sisatanak district)** ***Breastfed babies are well behaved, however, in my opinion, exclusive breastfeeding can be practiced only the first week after delivery, and after that we should give water because the newborn baby is thirty.*** *As breast milk is sticky and sweet so that we need to refresh the baby's throat with water every time after breastfeeding.* ***Giving water to newborn baby is very common practice for us because my parents, friends, neighbors or the people who experienced having baby, all doing like this from long time ago.*** *I did the first breastfeeding within 30 min after delivered a baby. 4-5 hours past after delivery, as I did not have any breast milk so that I decided to give my baby water. On the second day, I could give my breast milk combined with formula milk and water for one month and after that I stopped breastfeeding and gave only formula milk and water until 5 months, then started giving some foods.* *I gave formula milk to my newborn baby right after delivery because I did not have enough breast milk that time and it sounded like my baby did not want to suck milk from my nipple, maybe because he got used to with the plastic nipple of the formula bottle.* (34, married business owner, ID 2, Session 1, Theme 2, Sisatanak

(32-year-old, married hair salon, ID 3, Session 1, Theme 1,Sisatanak district) *I obtain all kind of information from district hospital, clinic and some books.* ***I know about formula milk through Thai TV, small shop, mini mart, my sister and relatives.*** *I think the commercial of formula milk on Thai TV is reliable and we can rely on the quality of the products.* *Thailand has many things that are more advantage, which can update our knowledge.* (30-year-old, business owner, ID 4, Session 1, Theme 1, Sisatanak district) *I know obtain most of general information from Thai-Lao TV, but information of child raising and health, I usually get advices from my mother and the person who experienced having children.* *I first know about formula milk from the doctor of the hospital that I gave birth. The doctor advised me to give formula milk on the first day after delivery because I did not have any breast milk. From then, I become more interested to know about formula milk, talked to my friends who are using formula milk. in addition, I see a lot of formula milk commercial from Thai TV, formula milk has a lot of nutrition and vitamins.* *Formula milk is convenience for mothers or me who have to work*	district) *We think should not give only breast milk to newborn infant alone but we should give water together because breast milk is sticky on baby's throat as advised by my parents.* *1 hour after delivery, the baby could start to breastfeed together with drinking water, and after 1 week, I gave him formula milk until 4 months, and then started processed-supplementary food and rice soup.* (32-year-old, married hair salon, ID 3, Session 1, Theme 2, Sisatanak district) *Exclusive breastfeeding is good for only the first week after delivery and then we can supplement with water and formula milk.* *We have to give water after breastfeeding or formula feeding every time because the milk can be struck the baby's throat.* *After delivery, I did not have any breast milk so that I decided to substitute to formula milk plus give water after formula milk every time until 6 months. By 7th months, I started to give processed-supplementary foods, boiled rice, rice soup and fruits.* (30-year-old, married business owner, ID 4, Session 1, Theme 2, Sisatanak district) *Breastfeeding is very convenience and safe and I can continue for at least 1 year but exclusive breastfeeding can be given only for 1 day and then we have to give water because breast milk is sticky and can be struck on the baby's throat so that we need to refresh by water, advised by my mother, relatives, neighbors and this is very common practice in our*

outside. *I do not think Thai baby is healthier than Lao baby.*	*community.* *3 hours after delivery, the baby started formula feeding and water. Started breastfeeding on the 5th day when breast milk came, combined with formula milk and water for 4 months, and then changed formula milk from newborn to 4-1 year-old, started processed-supplementary food but still continue breastfeeding for 7 months.*

Note: 4 participants of mothers having children below 2 years of age (all married female in the 30s working and housewife, having 1-3 children, monthly income 119-2,000 USD)

Theme 1: Media influence on formula use from Thailand

Theme 2: Attitude and practice on breastfeeding and EBF

Session 2

Theme 1	**Theme 2**
(26-year-old, married housewife, ID 1, Session 2, Theme 1, Xaysetha district) *I basically receive information from Thai and Lao TV, radio and some from posters.* ***I know about formula milk through the person who uses formula milk in the community.*** *I have seen a lot of formula commercial from Thai TV but I am not interested to buy it for my baby because my husband does not want me to buy because I still have enough breast milk. (26, housewife, Xaysetha district)* *I do not care about the trend from Thailand. (26, housewife, Xaysetha district)* **(30-year-old, married housewife, ID 2, Session 2, Theme 1, Xaysetha district)** *I receive information mostly from TV, radio and from the community people.* *I know about formula milk from my friend, advised me to buy and try with my baby. In addition, I also see a lot of formula commercial from Thailand. It is interesting and attractive because they show us in the*	(26-year-old, married housewife, ID 1, Session 2, Theme 2, Xaysetha district) *Exclusive breastfeeding for the first 3 days can be ideally but we should start giving water on the 4th day because the newborn is thirsty and the baby will have yellow on eyes if we do not give water as advised by doctor in the hospital.* *In addition, my sister who had experienced also advised me to give water right after delivery.* *I could start breastfeeding on the first day after delivery together with water and doing that for 6 months, and then introduced thin porridge, fruit juice and banana but still continue breastfeeding, advised by sister and doctor.* (30-year-old, married housewife, ID 2, Session 2, Theme 2, Xaysetha district) *The idea of exclusive breastfeeding is not practical because we need to give water together to prevent thirsty, mouth's smell, clean tongue and mouth.* *After delivery, I gave breastfeeding plus water. After one week, giving formula milk but I had to stop right away because it created diarrhea, then I found the other brand "Lactogen" which is better for the newborn. I had practiced like that for 6 month, and then started giving thin porridge mix*

scientific way, and how they develop the product which is simpler to understand unlike breast milk. ***I want to feed my baby with formula milk because it makes the baby taller and helps to develop the brain as the Thai TV commercial tells.*** *I usually follow the trend from Thailand as there are many interesting things.* (22-year-old, married housewife, ID 3, Session 2, Theme 1, Xaysetha district) *I get information through Thai-Lao TV and among the community members. For mother-child health related information, I get from my sister and the person who experienced having children.* *I have seen a lot of formula milk commercial from Thai TV. The commercial are interesting, reliable and I want to buy it for my baby.* *I do not follow the trend from Thailand.* **(22-year-old, married business owner, ID 4, Session 2, Theme 1, Xaysetha district)** *I obtain information from Thai and Lao TV and also some from the community members.* *I know formula milk from Thai TV commercial and also read from the product's label.* ***I think the commercial of formula milk on TV is reliable and interesting because it shows a scientific result on the child's development.***	*with vegetable at 7 months-old* *(22*-year-old, married housewife, ID 3, Session 2, Theme 2, Xaysetha district) *Breastfeeding is so easy and convenience. However, exclusive breastfeeding is impossible, we have to give water together because breast milk of young mother is sour and colostrum is sticky, sweet which can be struck the baby's throat as advised by my mother. In addition, water can prevent jaundice.* *I gave formula milk after delivery because I had Cesarean-section and I did not have any breast milk for the first few days.* **(22-year-old, married business owner, ID 4, Session 2, Theme 2, Xaysetha district)** ***Exclusive breastfeeding for 6 months is ideally. However, I think it is impossible because human always need to drink water so we have to give water together with breastfeeding.*** *In addition,* ***giving water is to clean the mouth because breast milk leaves some white mucus.*** *I could put my baby to the breast for the first time at 2 hours after delivery but I did not have any breast milk on the first day so I decided to give formula milk while waiting for my breast milk to come and my child was cry a lot. On the second day, I could fully start breastfeeding and stopped formula milk, but still continued giving water after breastfeeding for two months.* ***At three months, I introduced processed-supplementary foods, thin porridge and fruits. I was advised by the doctor from a Thai hospital to do so. I substituted to formula milk fully at 10 months and stopped breastfeeding completely.***

I do not follow the trend from Thailand. **(22-year-old, married business owner, ID 5, Session 2, Theme 1, Xaysetha district)** *All kind of information I know is from TV both from Laos and Thailand.* ***I know formula use through commercial from Thai TV and my mother-in-law. I think the formula milk commercial are reliable and interesting which are attracting many mothers to try it.***	(22-year-old, married business owner, ID 5, Session 2, Theme 2, Xaysetha district) *Exclusive breastfeeding is impossible, we have to give water together because the newborn will be thirsty and he will have jaundice on eyes.* *30 min after delivery, I gave water first and then my breast milk and doing like that for 3 months. After that, I started processed-supplementary food but still breastfeeding plus water. By the end of 4 months, I switched from processed-supplementary food to thin porridge mix with vegetable. At 10 months, I substituted to formula milk fully and stopped breastfeeding completely because my baby bites my nipple with his teeth and I did not have enough breast milk. Therefore, my mother advised me to stop breastfeeding because it was a right time to stop breastfeeding when the baby had some teeth. I follow some trend from Thailand, just to update my knowledge.*

Note: 5 participants of mothers having children below 2 years of age (all married female in the 20s-30s working and housewife, having 1-3 children, monthly income 59-2,000 USD)

Theme 1: Media influence on formula use from Thailand

Theme 2: Attitude and practice on breastfeeding and EBF

Session 3

Theme 1	**Theme 2**
(19-year-old, married housewife, ID 1, Session 3, Theme 1, Xaythany district) *I receive information mainly from TV and my mother.* *I want to give formula milk to my baby because I want to start working outside to get more income to help my husband but my mother does not allow me to do because I still have a lot of breast milk.* *I do not follow any trend from Thailand.* (30-year-old, married business owner, ID 2, Session 3, Theme 1, Xaythany district) *I know a lot of information from my neighbors and the village office.* *I know about formula milk through commercial from Thailand.* *I think formula milk has more nutrition and make the baby fat or gain weight more than breast milk.* *There are a lot of update information from Thailand that is interesting.*	(19-year-old, married housewife, ID 1, Session 3, Theme 2, Xaythany district) *The doctor advised me to do exclusive breastfeeding and do not give even a drop of water my newborn baby but I cannot follow his advices because my mother and aunt are strongly recommend me to give water as it can prevent jaundice on eyes and healthy skin for the baby.* *I could put my baby to suck my breast 5 hours after delivery because the baby slept. On the second day, I started giving water plus my breast milk for 1 months. At 2 months, I started introduce processed-supplementary food together with breastfeeding and water. At 3 months, I stopped processed-supplementary food switched to thin porridge mix with vegetable and meat twice a day.* (30-year-old, married business owner, ID 2, Session 3, Theme 2, Xaythany district) *Exclusive breastfeeding is impossible to do because we must give water to the newborn baby to refresh throat because breast milk is sticky, especially the first milk. Just as adults need water, babies also need water.* *I started with formula milk at 14 hours after delivery for 5 days and then I started my first breastfeeding combined with formula-feeding and gave water at the end of each feeding. I had to give formula milk because I did not have breast milk and advised by doctor from district hospital.* (26-year-old, married traditional silk waving, ID 3, Session 3, Theme 2, Xaythany district)

(26-year-old, married traditional silk waving, ID 3, Session 3, Theme 1, Xaythany district) *I get most of information from my mother.* *I am not really care about formula milk.* *I do not want to give formula milk because I have enough breast milk after delivery.* **(26-year-old, married construction worker, ID 4, Session 3, Theme 1, Xaythany district)** *I get information mostly from TV and information on health is from my mother and relatives.* *I know about formula milk from the commercial on Thai TV, it is attractive and I want to try with my baby.* ***I follow many trends, especially about child health because Thailand is more advantage on child development.*** (22-year-old, married housewife, ID 5, Session 3, Theme 1, Xaythany district) *I obtain general information from my friends, neighbors and aunt and also from watching TV from both Laos and Thailand.*	*I want to do exclusive breastfeeding for 6 months but I cannot do it because my baby have hiccough and my mother advised me to give water, and I am afraid that my baby will have jaundice and lack of water. Water and breast milk should be practiced together and should not be separate.* *I put the baby to my breast at 2 hour after delivery plus giving water for 2 months and I introduce processed-supplementary foods at 3 months until now 5 months-old.* (26-year-old, married construction worker, ID 4, Session 3, Theme 2, Xaythany district) *I cannot do exclusive breastfeeding and I prefer to give water together with breastfeeding because my newborn baby always has hiccough and water can stop it.* *I first gave formula milk after 6 hour of delivery for two days until my breast milk came on the 4th of delivery and then I stopped formula milk and gave only breast milk and water for 5 months.* **(22-year-old, married housewife, ID 5, Session 3, Theme 2, Xaythany district)** ***I like breastfeeding and would like to continue for about 1 year. However, for exclusive breastfeeding is impossible for me, I have to give water after breastfeeding every time because breast milk can get struck in baby's throat. Therefore, water can help to clean and refresh. In addition, water can prevent jaundice in young infant.*** *I did breastfeeding plus giving water for 4 months and substituted to formula milk plus giving thin porridge, juice and fruits.* *I substituted to formula milk and stopped breastfeeding completely when my baby was 4 month-old because the baby got sick after received the routine vaccination so that* **(26-year-old, married housewife, ID 6, Session 3, Theme 2, Xaythany district)**

I know formulsa milk from the person who used to try and also see it a lot from commercial on TV. I actually buy it and give to my baby. (26-year-old, married housewife, ID 6, Session 3, Theme 1, Xaythany district) *I know about health information through my aunt and my mother.* *I know about formula milk through reading books, Thai TV commercial and advices from my friends who try it.* *I have never tried formula milk but I want to try it at least once because I want my baby to gain weight and fat as the formula commercial said on Thai TV.* *Some of information from Thailand is useful for us.*	***Breastfeeding is a wonderful culture but exclusive breastfeeding is not realistic to follow because we have to give water to prevent baby from lacking of water and jaundice while waiting for mother's milk for the few days after delivery.*** *I first gave water to my newborn baby advised by my aunt and started breastfeeding on the third day after delivery plus giving water for 6 months. I introduced thin porridge mix with vegetable and meat at seven months.*

Note: 6 participants of mothers having children below 2 years of age (all married female in the 19s-30s working and housewife, having 1-2 children, monthly income 119-357 USD)

Theme 1: Media influence on formula use from Thailand

Theme 2: Attitude and practice on breastfeeding and EBF

Session 4

Theme 1	**Theme 2**
(27-year-old, married housewife, ID 1, Session 4, Theme 1, Xaythany district) *I know about health information through village office, village health volunteer and TV both from Laos and Thailand.* *I do not want to give formula milk to my baby as advised by doctor and breast milk has a lot of nutrition and enough for the baby.* *I do not follow any trend from Thailand.* (28-year-old, married housewife, ID 2, Session 4, Theme 1, Xaythany district) *I know health information through village office, village health volunteer, district hospital and TV.* *I know formula milk from an advice by doctors, some from formula commercial on TV.* *I do not want to give formula milk to my baby because I am belief in my breast milk that enough for the baby. in addition, I have seen my relative's baby has diarrhea because give both formula milk and breast milk so that it is better to stop breastfeeding first before introduce formula milk.*	(27-year-old, married housewife, ID 1, Session 4, Theme 2, Xaythany district) *I cannot do exclusive breastfeeding, I have to give water because breast milk can be struck in the newborn baby's throat so that it is very important to use water to clean and refresh baby's throat after breastfeeding.* *I first put the baby to my breast 5 min after delivery plus giving water for 6 months and then introduced thin porridge mix vegetable and meat, still continue breastfeeding. I substituted to formula milk and stopped breastfeeding completely when the baby was 1 year and 3 months.* (28-year-old, married housewife, ID 2, Session 4, Theme 2, Xaythany district) *I can do breastfeeding for 2 years but I cannot do exclusive breastfeeding, it is better to give water every time after breastfeeding because breast milk is very sweet and sticks in the throat so that it is better to clean and refresh the throat with water. Nobody advised me on using water, I notice by myself when the baby has hiccough, dry lip or feel sticky in the throat so that we should give water.* *I started breastfeeding one hour after delivery plus giving warm water until now at 4 moths-old.* (30-year-old, married business owner, ID 3, Session 4, Theme 2, Xaythany

I follow some trend from Thailand just to update my information. (30-year-old, married business owner, ID 3, Session 4, Theme 1, Xaythany district) *I obtain health information from my community, village office and TV.* *I know about formula milk information through my friends and commercial on TV from Thailand.* *(31*-year-old, married business owner, ID 4, Session 4, Theme 1, *Xaythany district)* *I know about mother and child health information through TV, neighbors, and posters.* *I know about formula use through my friend and also want to try with my baby.*	district) *I cannot do exclusive breastfeeding alone because I want to give water at the same time as my baby seems to be thirsty.* *I could do exclusive breastfeeding only for 2 days after delivery while still in the hospital. I started giving water when I went back home because I could not be patient to do exclusive breastfeeding because I was afraid that the baby would be thirsty. I did breastfeeding plus giving water for 3 months and substituted to formula milk at 4 months because I started my own business in a small shop.* *(31*-year-old, married business owner, ID 4, Session 4, Theme 2, *Xaythany district)* *Exclusive breastfeeding for the first few days in the hospital after delivery is possible.* *I gave only my breast milk for 3 days in the hospital and started to give water on the 4th after returned home advised by my mother because my baby had hiccough and jaundice and also to clean or refresh the throat as breast milk was sticky. I did breastfeeding plus giving water for 2 months and combined formula milk at 3 months.*

Note: 4 participants of mothers having children below 2 years of age (all married female in the 20s-30s working and housewife, having 2 children, monthly income 95-357 USD)

Theme 1: Media influence on formula use from Thailand

Theme 2: Attitude and practice on breastfeeding and EBF

Session 5

Theme 1	**Theme 2**
(25-year-old, married housewife, ID 1, Session 5, Theme 1, Hatsayfong district) *I get general information mostly from TV and for health information mostly from district hospital.* *I know about formula milk from commercial on Thai TV. It is convenience for mother and we can use to help new mother who just give birth for the few days when breast milk has not come yet.* *I like TV drama from Thailand.* (27-year-old, married business owner, ID 2, Session 5, Theme 1, Hatsayfong district) *I receive general information mostly from watching TV both from Thai and Laos.* *In addition, most of health information is village office and district hospital.* *I do not follow any trend from Thailand, just like to watch Thai TV drama.* **(23-year-old, married business owner, ID 3, Session 5,**	(25-year-old, married housewife, ID 1, Session 5, Theme 2, Hatsayfong district) *I cannot do exclusive breastfeeding; I want to give water at the same time because breast milk is sweet and can stick on the throat.* *I started to breastfeed 1 hour after delivery plus giving water but because I did not have breast milk so that I used formula milk for the first few days while waiting for my breast milk to come. I did breastfeeding plus giving water for 2 months, and then I added orange juice once a week to help baby for easy stool. At 6th months, I introduce processed-supplementary food, continue breastfeeding and water. At 20 months, I did formula feeding during the day time and breastfeeding during the night time.* *I substituted formula milk at 20 days because I have to run my small business.* (27-year-old, married business owner, ID 2, Session 5, Theme 2, Hatsayfong district) *Everyone knows that benefit of breastfeeding is so good for children and we should continue as much as we can. However exclusive breastfeeding is impossible based on my experienced of two kids that I did exclusive breastfeeding for a few days after delivery but my breast milk was insufficient that made my two kids had jaundice because lack of water.* *I could put my baby to the breast one hour after delivery plus giving water and then substituted to formula milk and stopped breastfeeding completely. I*

Theme 1, Hatsayfong district) *I know general information and health information from Thai-Lao TV and village health volunteer.* *I do not follow any trend from Thailand.* (35-year-old, married housewife, ID 4, Session 5, Theme 1, Hatsayfong district) *I obtain all kind of information from Lao-Thai TV, village office and village health volunteers.* (29-year-old, married housewife, ID 5, Session 5, Theme 1, Hatsayfong district) *I obtain basic information mostly from TV both from Laos and Thailand. For health information, mostly from village office and hospital from Thailand. In addition, I think Thai hospital is better in providing or explaining about health than Lao hospital.* *Thailand is more advantage for health information, hospital, doctor and so on.*	*substituted to formula milk on the second day after delivery because I have to run my small retail store and another reason is that two of my kids were very thin, small and not so healthy because of breastfeeding, my breast milk was not good made them not grew well. Therefore, for this child, my mother advised me to try substitute to formula milk only. The result is very good because this child is very healthy, big and grows well. This child drink consumes 8 packs of formula milk every month, which is about 48 USD/month. It is easy to buy formula milk because there are mobile cars from formula milk company come to our community many times in a week. At the same time, we also can buy it from small retail restores or just across border to Nongkai, Thailand which very close to here and a bit cheaper. At 6 months, I introduced processed-supplementary food, thin porridge and gradually started other foods like adult's foods but he does not eat well and his based nutrition is from formula milk until now as 22 months.* **(23-year-old, married business owner, ID 3, Session 5, Theme 2, Hatsayfong district)** *I did exclusive breastfeeding for only the first day after delivery and then I gave water every time after breastfeeding for 3 months.* *I gave only breast milk to my baby for the first day and gave water on the second and doing like this for 3 months as advised by doctor. However, at 3 months, I stopped breastfeeding completely and* ***I substituted to formula milk when my baby was three month-old because breast milk was sour and caused diarrhea of my baby all the time.*** *It cost about 20 USD per months from 3 to 6 months-old and it is more expensive now because the baby is 1 year and 8 months which I have to spend at least 30 USD per months of three packs.* *At 6 months, I introduced thin porridge mix with pork-liver and vegetable and around 9 months, the baby can eat anything same as adult's foods.* (35-year-old, married housewife, ID 4, Session 5, Theme 2, Hatsayfong district)

	I did exclusive breastfeeding for 4 days after delivery and gave water on the 5th day because I was afraid that the baby would be thirsty. I did breastfeeding plus give water for 1 month and then substituted to formula milk because I had skin problem that needed to take some medicines, and advised by doctor to stop breastfeeding. **(29-year-old, married housewife, ID 5, Session 5, Theme 2, Hatsayfong district)** *Exclusive breastfeeding alone is impossible, we have to give water every time after breastfeeding because breast milk is very sweet* ***I gave formula milk for 3 days after delivery while waiting for my breast milk but I stopped formula milk right after my milk came. In addition, Formula milk is convenience for mother when mother has to go outside.*** *I gave breast milk and water for 5 months and then started processed-supplementary food, chewed glutinous rice, thin porridge mix vegetable, meant and continue breastfeeding for 1 year, and then substituted to formula milk and stopped breastfeeding completely.*

Note: 5 participants of mothers having children below 2 years of age (all married female in the 20s-30s working and housewife, having 1-3 children, monthly income 59-476 USD)

Theme 1: Media influence on formula use from Thailand

Theme 2: Attitude and practice on breastfeeding and EBF

Session 6 with Mother of mother and mother-in-law

Theme 1	**Theme 2**
(46-year-old, married housewife, ID 1, Session 6, Theme 1, Hatsayfong district) *I know general information from Lao and Thai TV.* *For health information, I mostly know the health workers from district hospital and village health volunteers.* ***I like to follow everything from Thailand because they are close to us for language, culture and so on.*** *I don't want my daughter to give formula milk for the first few months after delivery because she has enough breast milk.* *I like to follow everything from Thailand because they are close to each other for language, culture and so on.* (50-year-old, married housewife, ID 2, Session 6, Theme 1, Hatsayfong district) *I get general information from Thai-Lao TV, newspaper and my bother-in-law. In addition, mostly receive health information through village office and district hospital.*	(46-year-old, married housewife, ID 1, Session 6, Theme 2, Hatsayfong district) *We cannot follow the advice of exclusive breastfeeding even the first few days because the newborn will lack of water and become jaundice.* *My grandson received breast milk and water from the first day after delivery. I advised my daughter to give water after breastfeeding every time to refresh throat and prevent jaundice. We introduced thin porridge mix with vegetable, fruits and still continue breastfeeding at five months and substituted to formula milk at one year because he grew up enough and did not need breast milk anymore. We spend about 25 USD every month for formula milk which is very expensive.* (50-year-old, married housewife, ID 2, Session 6, Theme 2, Hatsayfong district) *We cannot give only breast milk but we need to give water at the same time because it can prevent jaundice on eyes.* *I advised my daughter to give breast milk and water on the first day, started formula milk and water on the second day and still continue breastfeeding until 20 days after Yu-fai, (Lao traditional practice after delivery) and then substituted to formula milk completely because breast milk created diarrhea. We spend about 25 USD every month for formula milk and usually buy from the mobile car from the formula milk company visited our community every week. My grandson started eating thin porridge and other solid foods at 5 months.* (70-year-old, married housewife, ID 3, Session 6, Theme 2, Hatsayfong district) *Exclusive breastfeeding is impossible, we have to give water at the same time because the newborn baby will lack of water and to prevent jaundice.*

I think there are a lot of good information from Thailand. (70-year-old, married housewife, ID 3, Session 6, Theme 1, Hatsayfong district) *Most of general information is from TV both from Laos and Thailand. For health information, I also obtain from TV and district hospital in Laos.* (48-year-old, married construction laborer, ID 4, Session 6, Theme 1, Hatsayfong district) *I also receive most of general information from TV and health information from district hospital.* *I know about formula milk from commercial on TV but I do not want my grandson to try it because I get advised from doctor that it does not need and expensive.* *I also follow the trend of development from Thailand.* (51-year-old, married housewife, ID 5, Session 6, Theme 1, Hatsayfong district) *I also receive most of general information from TV and health information from district hospital.*	*My granddaughter received breast milk and water on the first day because water can prevent from jaundice. She substituted to formula milk at 3 months because her mother wants her to get used to with formula milk and her mother can return to work. She is now 5 months old and starts eating thin porridge mix with vegetable and meat.* **(48-year-old, married construction laborer, ID 4, Session 6, Theme 2, Hatsayfong district)** ***I also agree with other participants that every woman should do breastfeeding because it is good but we should not give only breast milk alone but we should give water at the same time.*** ***My grandson received formula milk and water for 3 days after delivery. On the 4th day, breast milk came and started breastfeeding, stopped formula milk plus give water for 3 months. He started eating thin porridge and water at 4 months and continued breastfeeding. He stopped breastfeeding at 1 year because he was grow up enough and did not need breastfeeding.*** (51-year-old, married housewife, ID 5, Session 6, Theme 2, Hatsayfong district) *I also agree with other participants that we cannot give only breast milk but we can give water or formula milk if breast milk was absent for the first few days. Water is very important that can clean baby's mouth and refresh throat.* *We first gave water on the first day and breastfeeding on the second day for 3 months and then combined with formula milk. he started eating thin porridge at 4 months and continue breastfeeding.*

I also know about formula milk from commercial on TV, my daughter and her friends. *I like to follow the news and trend from Thailand because it has more variety than Laos.*	

Note: 5 participants of mother of mother or mother-in-law having grandchildren below 2 years of age (all married female in the 40s-70s working and housewife, having 2-4 children, monthly income 119-178 USD)

Theme 1: Media influence on formula use from Thailand

Theme 2: Attitude and practice on breastfeeding and EBF

Appendix 5 Informed consent

Study Information for Participants for Questionnaire Survey

Study title: Association of Media's Formula Use Promotion with Breastfeeding in Urban Areas of Lao PDR

Principle investigator: Masamine Jimba, Phonephay Phoutthakeo (The University of Tokyo)

Dear Madame,

We are conducting a research on Association of Media's Formula Use Promotion with Breastfeeding in Urban Areas of Lao PDR, which involves asking mother's opinions about breastfeeding, exposure to Thai media, attitudes towards formula milk products and so forth.

If you agree with the study, we would like to conduct a face-to-face questionnaire survey with you. What we learn from you will help us for improving breastfeeding situations in Lao PDR. This study is approved by the ethical committee of the University of Tokyo and financially supported by the University of Tokyo.

1. Your participation is completely voluntary.
2. The questionnaire will take about 30 minutes.
3. You do not need to answer any questions if you do not want to.
4. You may withdraw from the study at any time (during or after study) without any harm.
5. All the information you provide will be strictly treated in a confidential manner that you will not be identified in the reporting of the results.

You may ask any questions about the study at this time. If you are sure that you have understood what will be required for you and are willing to participate in this study, please sign on the next sheet. Thank you very much for your kind cooperation.

Masamine Jimba, Phonephay Phoutthakeo

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Sengchanh Kounnavong

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Informed Consent Form for Questionnaire Survey

To: The Dean of Graduate School of Medicine, University of Tokyo
Study title: Association of Thai Media's Formula Use Promotion with Breastfeeding in Urban Areas of Lao PDR
I, _____, after reading the contents of this study, understand what is expected as a participant and agree to participate in the study.

I understand:
1. The purpose and procedures of the study.
2. The contents of the questionnaire.
3. That I will not be placed under any harm or discomfort.
4. That I can refuse to answer any questions if we don't want to.
5. That I can withdraw from the study at any time (during or after study) without any harm.
6. That any information I provide will be strictly treated in a confidential manner that I will not be identified in the reporting of the results.

_____ SIGNATURE OF PARTICIPANT ……
DATE

_____ SIGNATURE OF PARENT/ GURADIAN (in the case the that the participant mother is aged between 15 years old and 19 years old)

…… _____
Date Name/Signature of the person received the consent

If you have any questions, you can contact:

Masamine Jimba, Phonephay Phoutthakeo

Department of Community and Global Health, The University of Tokyo
7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
Tel: +81 3 5841 3698 E-mail: pornapiaie@gmail.com

Sengchanh Kounnavong

Deputy Director, Department of Health Research, National Institution of Public Health (NOIPH) Ministry of Health, Lao PDR Tel: Office Telephone: +856 21 250670 ext. 206 E-mail: sengchanhkounnavong@hotmail.com

Study Information for Participants for Focus Group Discussion

Study title: Association of Thai Media's Formula Use Promotion with Breastfeeding in Urban Areas of Lao PDR

Principle investigator: Masamine Jimba, Phonephay Phoutthakeo (The University of Tokyo)

Dear Madame,

We are conducting a research on Association of Thai Media's Formula Use Promotion with Breastfeeding in Urban Areas of Lao PDR, which involves asking mother's opinions about breastfeeding, exposure to Thai media, attitudes towards formula milk products and so forth.

If you agree with the study, we would like to conduct a focus group discussion with you. What we learn from you will help us for improving breastfeeding situations in Lao PDR. This study is approved by the ethical committee of the University of Tokyo and financially supported by the University of Tokyo.

1. Your participation is completely voluntary.
2. The discussion will be recorded for data analysis.
3. The discussion will take between 30 minutes and 45 minutes.
4. You can refuse to answer any questions if he does not want to.
5. You may withdraw from the study at any time (during or after study) without any harm.
6. All the information you provide will be strictly treated in a confidential manner that you will not be identified in the reporting of the results.

You may ask any questions about the study at this time. If you are sure that you have understood what will be required for you and are willing to participate in this study, please sign on the next sheet. Thank you very much for your kind cooperation.

Masamine Jimba, Phonephay Phoutthakeo

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Informed Consent Form for Focus Group Discussion

To: The Dean of Graduate School of Medicine, University of Tokyo
Study title: Association of Thai Media's Formula Use Promotion with Breastfeeding in Urban Areas of Lao PDR
I, _____, after reading the contents of this study, understand what is expected as a participant and agree to participate in the study.

I understand:
1. The purpose and procedures of the study.
2. The contents of the focus group discussion.
3. That I will not be placed under any harm or discomfort.
4. That I can refuse to answer any questions if we don't want to.
5. That I can withdraw from the study at any time (during or after study) without any harm.
6. That any information I provide will be strictly treated in a confidential manner that I will not be identified in the reporting of the results.

_____ SIGNATURE OF PARTICIPANT ……
DATE

_____ SIGNATURE OF PARENT/ GURADIAN (in the case that the participant mother is aged between 15 years old and 19 years old)

In addition, I agree that the discussion will be recorded for data analysis.

_____ NAME OF PARTICIPANT …… DATE

_____ SIGNATURE OF PARENT/ GURADIAN (in the case that the participant mother is aged between 15 years old and 19 years old)

…… _____
Date Name/Signature of the person received the consent

If you have any questions, you can contact:

Masamine Jimba, Phonephay Phoutthakeo

Department of Community and Global Health, The University of Tokyo
7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
Tel: +81 3 5841 3698 E-mail: pornapiaie@gmail.com

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ໃບຍິນຍອມເຂົ້າຮ່ວມການສຳພາດ

(ກະລຸນາອ່ານເອກະສານດັ່ງລຸ່ມນີ້ດ້ວຍຄວາມຕັ້ງໃຈ ແລະ
ໃຫ້ແນ່ໃຈວ່າຜູ້ທີ່ຖືກສຳພາດເຂົ້າໃຈເນື້ອໃນຢ່າງຖີ່ຖ້ວນ)

ຮຽນບັນດາແມ່*,
ຂ້າພະເຈົ້າຊື່ວ່ານາງ ພອນໄພ ພຸດທະແກ້ວ ທີມງານການສຳພາດ
ຂອງຂ້າພະເຈົ້າທີ່ຢູ່ໃນທີ່ນີ້ແມ່ນເປັນສ່ວນໜຶ່ງ ຂອງຄະນະ ສຸຂະ ພາບຊຸມຊົນ,
ການສຶກສາສາທາລະນະສຸກສາກົນ, ໂຮງຮຽນຫລັງມະຫາ ວິທະຍາສາດການແພດ,
ມະຫາວິທະຍາໄລໂຕກຸ່ງວ, ປະເທດຍີ່ປຸ່ນ.
ພວກຂ້າພະເຈົ້າກຳລັງເຮັດການສຳຫລວດກ່ຽວກັບຄວາມສຳພັນຂອງການໂຄສະນານົມຝຸ່ນຈາກສີ່ໂຄ
ສະນາທີ່ມາຈາກປະເທດໄທ ຕໍ່ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່ໃນເຂດຕົວເມືອງຢູ່ປະເທດລາວ,
ເຊິ່ງລວມມີການສອບຖາມບັນດາແມ່ທີ່ເປັນເປົ້າໝາຍ ກ່ຽວກັບແນວ ຄວາມຄິດ ທີ່ມີຕໍ່
ການລ້ຽງລູກດ້ວຍນ້ຳນົມພຽງຢ່າງດຽວຮອດ 6 ເດືອນ, ການໄດ້ຮັບສື່ຈາກປະເທດໄທ, ທັດສະນະຄະຕິ
ທີ່ມີຕໍ່ຜະລິດຕະພັນນົມຝຸ່ນແລະປັດໃຈອື່ນໆທີ່ກ່ຽວຂ້ອງ.
ພວກຂ້າພະເຈົ້າຫວັງວ່າຜົນຂອງການສຶກສາໃນຄັ້ງນີ້ຈະສາມາດໃຫ້ຂໍ້ມູນ ແລະ
ຄວາມຮູ້ແກ່ບັນດາຜູ້ກຳນົດນະໂຍບາຍ ຂອງ ລັດຖະບານໃນການປັບປຸງໂຄງການໃນຕໍ່ໜ້າໃນ
ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່ໃນປະເທດລາວ.
ພວກຂ້າພະເຈົ້າຢາກຂໍແຈ້ງໃຫ້ທ່ານຊາບວ່າຂໍ້ມູນຂອງທ່ານຈະຖືກໃຊ້ສະເພາະແຕ່ໃນການສຶກສານີ້
ເທົ່ານັ້ນ ແລະ ພວກຂ້າພະເຈົ້າ ຈະ
ທຳລາຍຂໍ້ມູນນີ້ຖິ້ມທັນທີພາຍຫລັງສຳເລັດການວິໃຈຂໍ້ມູນດ້ວຍເຄື່ອງທຳລາຍເອກະສານ.
ເຊັ່ນດຽວກັນກັບຊື່ຂອງທ່ານ ແລະ ຂໍ້ມູນ ສ່ວນໂຕຂອງທ່ານຈະຖືກປິດເປັນຄວາມລັບ.
ເຊິ່ງທ່ານເອງກໍ່ມີສິດໃນການປະຕິເສດການສຳພາດໃນທຸກໆຂັ້ນຕອນຂອງການສຳຫລວດ
ບໍ່ວ່າຈະຢູ່ໃນຊ່ວງການເຮັດການສຳຫລວດ ຫລື ພາຍຫລັງການສຳຫລວດແລ້ວກໍ່ຕາມ
ຊຶ່ງຈະບໍ່ມີການກະທຳໃດໆ ທີ່ເປັນ ອັນຕະລາຍ ຫລື ຕໍ່ຕ້ານທ່ານເປັນເດັດຂາດ.
ກະລຸນາຕັ້ງໃຈອ່ານໃບຍິນຍອມໃນການເຂົ້າຮ່ວມການສຶກສາທີ່ຂ້າພະເຈົ້າກຳລັງຈະມອບໃຫ້ທ່ານດຽວ
ນີ້ໃຫ້ລະອຽດ. ຖ້າທ່ານເຂົ້າໃຈ ແລະ ເຫັນດີຕໍ່ເນື້ອໃນຂອງເອກະສານນີ້ແລ້ວ, ກະລຸນາເຊັນຊື່ຂອງທ່ານ.
ຖ້າທ່ານຮູ້ສຶກສະດວກໃຈ ແລະ ອະນຸຍາດ ໃຫ້ພວກ ເຮົາ ສຳພາດທ່ານໄດ້
ພວກເຮົາເອງກໍ່ຈະຂໍເລີ່ມການສຳພາດໃນຄະນະນີ້ເລີຍ. ການສຳພາດຈະໃຊ້ເວລາປະມານ 30 ນາທີ.
ພວກຂ້າພະເຈົ້າຂໍຂອບໃຈເປັນຢ່າງສູງໃນການ ສະໜັບສະໜູນຂອງທ່ານ.

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* ໃບຍິນຍອມນີ້ກໍ່ສາມາດໃຊ້ກັບຕົວແທນທີ່ຖືກກົດໝາຍໄດ້ເຊັ່ນ: ພໍ່ແມ່ຜູ້ປົກຄອງຂອງແມ່ເປົ້າໝາຍຜູ້ທີ່ມີລູກອາຍຸລຸ່ມ 1 ປີ
ສຳຫັບແມ່ເປົ້າໝາຍທີ່ອາຍຸຕ່ຳກ່ວາ 20 ປີ.

ຂໍຂອບໃຈໃນການໃຫ້ຄວາມຮ່ວມມືເຂົ້າຮ່ວມການສຳຫລວດຂອງທ່ານ
ແລະຖ້າທ່ານຕ້ອງການຂໍ້ມູນເພີ່ມເຕີມ ກະລຸນາຕິດຕໍ່ທີ່ຢູ່ຂ້າງລຸ່ມນີ້:

ນາງ ພອນໄພ ພຸດທະແກ້ວ ນັກສຶກສາປະລິນຍາເອກ
ສາດສະດາຈານ ມາສາມິເນະ ຈິມບະ Masamine Jimba
ຄະນະສຸກຂະພາບຊຸມຊົນ
ການສຶກສາສາທາລະນະສຸກສາກົນ,
ໂຮງຮຽນຫລັງມະຫາ ວິທະຍາສາດການແພດ,
ມະຫາວິທະຍາໄລໂຕກຸ້ງ, ປະເທດຍີ່ປຸ່ນ.

ດຣ. ແສງຈັນ ກຸນນາວົງ
ຮອງຫົວໜ້າພະແນກ
ຄົ້ນຄ້ວາວິທະຍາສາດສາທາລະນະສຸກ
ສະຖາບັນສາທາລະນະສຸກສາດ
ກະຊວງສາທາລະນະສຸກ, ສປປລາວ
ໂທລະສັບທ້ອງການ: 250670 ຕໍ່ 301
Email:sengchanhkounnavong@hotmail.com

ລາຍເຊັນນັກສຳພາດ:
ວັນທີສຳພາດ:

ໃບຍິນຍອມເຂົ້າຮ່ວມການສຳພາດໃນຫົວຂໍ້:
ຄວາມສຳພັນຂອງການໂຄສະນານິມຝຸ່ນຈາກສື່ໂຄສະນາຈາກປະເທດໄທຕໍ່ການລ້ຽງລູກດ້ວຍນ້ຳນົມແມ່ໃນເຂດຕົວເມືອງຢູ່ປະເທດລາວ

ຜ່ານການອະທິບາຍຂອງນັກສຳພາດກ່ຽວກັບການສຳພາດ,
ຂ້າພະເຈົ້າໄດ້ຮັບຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບການສຳພາດ ແລະ ຂ້າພະ
ເຈົ້າກໍ່ເຂົ້າໃຈເນື້ອໃນທຸກປະການຂອງການສຳພາດແລ້ວ.

ຍິ່ງໄປກ່ວານັ້ນ ຂ້າພະເຈົ້າກໍ່ໄດ້ເຂົ້າໃຈຢ່າງລຶກຊຶ້ງວ່າ:

1. ຂ້າພະເຈົ້າຈະບໍ່ໄດ້ຮັບຄວາມບໍ່ສະດວກ ຫລື ອັນຕະລາຍໃດໆ
ຖ້ງຂ້າພະເຈົ້າຈະບໍ່ເຂົ້າຮ່ວມໃນການສຳພາດກໍ່ຕາມ.
2. ຂ້າພະເຈົ້າສາມາດຖອນໂຕອອກຈາການສຳພາດໄດ້ຕະຫລດເວລາ ແລະ
ຈະບໍ່ຖືກທຳອັນຕະລາຍໃດໆທີ່ເປັນການ ຕໍ່ຕ້ານຂ້າພະເຈົ້າພາຍຫລັງ.
3. ຂໍ້ມູນຂອງຂ້າພະເຈົ້າຈະຖືກປົດເປັນຄວາມລັບ ແລະ ບໍ່ຖືກເປີດເຜີຍຕໍ່ສາທາລະນະ.

ເພາະສະນັ້ນ, ຂ້າພະເຈົ້າຍິນຍອມເຂົ້າຮ່ວມການສຳພາດ ແລະ
ອະນຸຍາດໃຫ້ນັກສຳພາດເລີ່ມສຳພາດຂ້າພະ ເຈົ້າໄດ້ທັນທີ.

ຊື່:
ລາຍເຊັນ:
ທີ່ຢູ່:
ວັນທີ:
ຖ້າທ່ານຕ້ອງການຂໍ້ມູນເພີ່ມເຕີມ ກະລຸນາຕິດຕໍ່ທີ່ຢູ່ຂ້າງລຸ່ມນີ້:

ນາງ ພອນໄພ ພຸດທະແກ້ວ ນັກສຶກສາປະລິນຍາເອກ
ສາດສະດາຈານ ມາສາມິເນະ ຈິມບະ Masamine Jimba
ຄະນະສຸກຂະພາບຊຸມຊົນ
ການສຶກສາສາທາລະນະສຸກສາກົນ,
ໂຮງຮຽນຫລັງມະຫາ ວິທະຍາສາດການແພດ,
ມະຫາວິທະຍາໄລໂຕກຸ່ງວ, ປະເທດຍີ່ປຸ່ນ.

ດຣ. ແສງຈັນ ກຸນນະວົງ
ຮອງຫົວໜ້າພະແນກ
ຄົ້ນຄ້ວາວິທະຍາສາດສາທາລະນະສຸກ
ສະຖາບັນສາທາລະນະສຸກສາດ
ກະຊວງສາທາລະນະສຸກ, ສປປລາວ
ໂທລະສັບທ້ອງການ: 250670 ຕໍ່ 301
Email:sengchanhkounnavong@hotmail.com

Appendix 6: Ethical Considerations

Lao People's Democratic Republic
Peace independence Democracy Unity Prosperity

Ministry of Health
National Ethics Committee
For Health Research (NECHR)

No. 306 /NECHR

Ethical Clearance

Project Title: Association of Thai Media's Formula Milk Promotion with Breastfeeding in Urban Areas of Lao PDR.

Objectives:

- To reveal how mothers with infants under one year of age in urban areas of Lao PDR are exposed to Thai media's formula milk promotion,
- To examine how their attitudes and perception towards formula milk and breastfeeding are affected from the Thai media, and most importantly,
- To determine if their EBF is associated with the exposure to the Thai media's formula milk promotion.

Ethical Considerations:

According to the Declaration of Helsinki, a recognized NECHR approves the protocol of this study before it is initiated. NECHR is a focal point for approval all health research to human subject activities including ethical clearance. The investigator is committed in compliance with local requirements, to inform the NECHR of any emergent problems, serious adverse reactions, or protocol amendments. Every attempt should be made to ensure confidentiality for the respondents. The data should be kept in a secure place at Department of Community and Global Health, University of Tokyo only the researcher and supervisors are able to access the data. Participation in the researcher should be on the voluntary basis and consent should be obtained through the verbal and written consent of the respondent, final report should be submitted to NECHR and secretary committee after its completion.

Statement for Ethical Clearance:

NECHR confirms that the proposed project "Association of Thai Media's Formula Milk Promotion with Breastfeeding in Urban Areas of Lao PDR" has been approved. We believe that this project will contribute to a great importance of health promotion, disease prevention, health Policy, and health service in the future through the research activities.

Vientiane Capital, 13/05/2010
President, National Ethics Committee
for Health Research

Prof. Dr. Sithat INSISIENGMAY

様式第２号

倫　理　委　員　会
審　査　結　果　報　告　書

平成２２年５月１７日

申請者
国際地域保健学
教授
神馬　征峰　殿

東京大学大学院医学系研究科長・医学部長
清水　孝雄　　印

審査番号　3020
研究課題　ラオス国都市部におけるタイからの乳児用調製乳の広告宣伝と母乳行動の関連

上記研究計画を平成２２年５月１７日の委員会で審査し下記のとおり判定しました。
ここに通知します。

判　定 ○承認する。　　承認しない。 条件付きで承認する。　　該当しない。 変更を勧告する。
条件あるいは変更勧告の理由（細則第３条第２項）