

Introduction to KAP Survey

What is KAP Survey

A Knowledge, Attitude and Practices (KAP) survey is a quantitative method (predefined questions formatted in standardized questionnaires) that provides access to quantitative and qualitative information. **[MDM-2011]**

A KAP survey usually is conducted to collect information on the knowledge (i.e., what is known), attitudes (i.e., what is thought), and practices (i.e., what is done) about general and/or specific topics of a particular population. Information is collected by interviewers through a structured, standardized questionnaire that may include both quantitative and qualitative data. **[WHO-2014]**

Definition of Knowledge

Knowledge is the understanding of any given topic. In nutrition surveys, it refers to an individual's understanding of nutrition, including the intellectual ability to remember and recall food and nutrition-related terminology, specific pieces of information and facts. **[Kaliyaperumal, K. 2004]**

Example of knowledge related question/ indicator in a KAP survey

Q. At what age should babies start eating foods in addition to breastmilk?

- At six months*
- Other*
- Don't know*

Preliminary analysis

- Knows
- Does not know

Definition of Attitude

Attitudes are emotional, motivational, perceptive and cognitive beliefs that positively or negatively influence the behavior or practice of an individual [FAO 1994]. An individual's feeding or eating behavior is influenced by his/her emotions, motivations, perceptions and thoughts [Carruth, B.R. & Anderson, H.L. 1977]. Attitudes influence future behavior no matter the individual's knowledge and help explain why an individual adopts one practice and not other alternatives [Médécins du Monde 2011]. The terms attitude, beliefs and perceptions are interchangeable.

Example of Attitude related question/ indicator in a KAP survey

Q. How serious do you think undernutrition is for baby's health?

- Not serious
- You're not sure
- Serious

If Not serious:

Can you tell me the reason why it is not serious?

Definition of Practice

The term “practices” is defined as the observable actions of an individual that could affect his/her or others’ nutrition, such as eating, feeding, washing hands, cooking and selecting foods.

Practice and behavior are interchangeable terms, although practice has a connotation of long-standing or commonly practiced behavior [**Contento, I.R. 2011**].

Example of Practice related question/ indicator in a KAP survey

Measuring EBF among children <6 months of age

Q. What did you feed yesterday [child name] during day and night?

- Only breastmilk
- Cow or other animal milk
- Breastmilk and other liquids
- Any other food or liquids

If an infants <6 months fed anything other than breastmilk, then it’s not EBF.
Medicine/ ORS prescribed by doctor is acceptable though

Why We Do KAP Surveys?

- To identify knowledge gaps, cultural beliefs, and behavioral patterns that may identify needs, problems, and barriers to help plan and implement interventions.
- To deepen the understanding of commonly known information, attitudes, and factors that influence behavior.
- To generate baseline levels and measure changes that result from interventions.
- To assess and identify communications processes and sources important for program implementation and effectiveness.
- To help set program priorities and make program decisions.

When is it appropriate to conduct KAP survey?

A KAP survey is useful in all phases of project cycle (diagnostic, programming, implementation, evaluation):

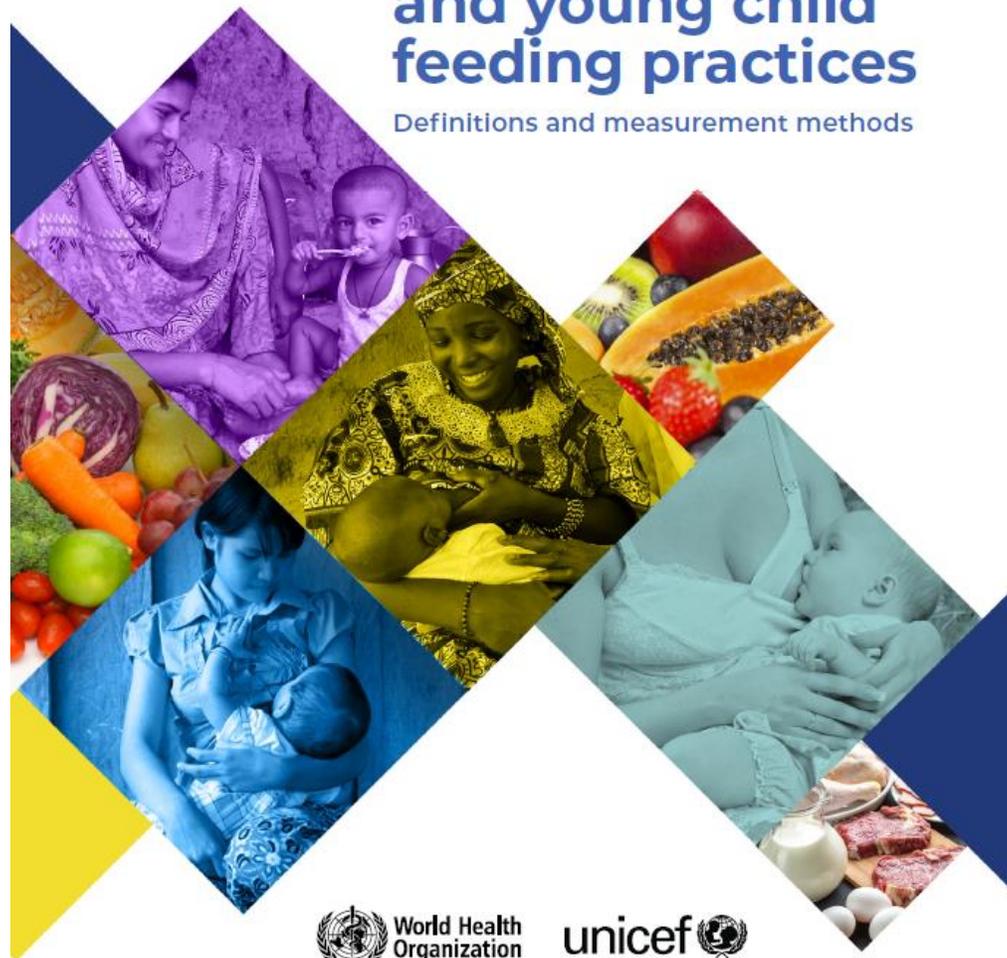
- Before the start of the activities for a programme, in order to establish a baseline that will draw up an inventory of the existing places and help describe the context of intervention.
- During the implementation, in order to identify the levers and ways forward to anticipate and overcome potential obstacles: the information collected forms an essential basis for tailoring the activities to be undertaken to the local context.
- At programme end (if there was a similar survey at the beginning of the programme) to monitor changes in behaviors that will be statistically significant.

Any Question?

Introduction to IYCF Indicators

Indicators for assessing infant and young child feeding practices

Definitions and measurement methods



Have you seen the new
IYCF Global Indicators and
it's measurement guidance
released by WHO/UNICEF?

- Share us what's new in this
2021 IYCF indicator and it's
measurement method?



Summary of IYCF Global Indicators

	Indicator	Short name	Age group	Definition
<i>Breastfeeding indicators</i>				
1	Ever breastfed	EvBF	Children born in the last 24 months	Percentage of children born in the last 24 months who were ever breastfed
2	Early initiation of breastfeeding	EIBF	Children born in the last 24 months	Percentage of children born in the last 24 months who were put to the breast within one hour of birth
3	Exclusively breastfed for the first two days after birth	EBF2D	Children born in the last 24 months	Percentage of children born in the last 24 months who were fed exclusively with breast milk for the first two days after birth
4	Exclusive breastfeeding under six months	EBF	Infants 0–5 months of age	Percentage of infants 0–5 months of age who were fed exclusively with breast milk during the previous day
5	Mixed milk feeding under six months	MixMF	Infants 0–5 months of age	Percentage of infants 0–5 months of age who were fed formula and/or animal milk in addition to breast milk during the previous day
6	Continued breastfeeding 12–23 months	CBF	Children 12–23 months of age	Percentage of children 12–23 months of age who were fed breast milk during the previous day

Summary of IYCF Global Indicators (cont...)

Indicator	Short name	Age group	Definition	
<i>Complementary feeding indicators</i>				
7	Introduction of solid, semi-solid or soft foods 6–8 months	ISSSF	Infants 6–8 months of age	Percentage of infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day
8	Minimum dietary diversity 6–23 months	MDD	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day
9	Minimum meal frequency 6–23 months	MMF	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day
10	Minimum milk feeding frequency for non-breastfed children 6–23 months	MMFF	Children 6–23 months of age	Percentage of non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day
11	Minimum acceptable diet 6–23 months	MAD	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day
12	Egg and/or flesh food consumption 6–23 months	EFF	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day

Summary of IYCF Global Indicators (cont...)

	Indicator	Short name	Age group	Definition
<i>Complementary feeding indicators</i>				
13	Sweet beverage consumption 6–23 months	SwB	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed a sweet beverage during the previous day
14	Unhealthy food consumption 6–23 months	UFC	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day
15	Zero vegetable or fruit consumption 6–23 months	ZVF	Children 6–23 months of age	Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day
<i>Other indicators</i>				
16	Bottle feeding 0–23 months	BoF	Children 0–23 months of age	Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day
17	Infant feeding area graphs	AG	Infants 0–5 months of age	Percentage of infants 0–5 months of age who were fed exclusively with breast milk, breast milk and water only, breast milk and non-milk liquids, breast milk and animal milk/formula, breast milk and complementary foods, and not breastfed during the previous day

Changes between the 2008 and 2021 Indicators

2008 indicator	2021 indicator	Key change	Main rationale
Children ever breastfed	Ever breastfed	This was an “optional” indicator in the 2008 set of indicators	There is no longer a set of optional indicators; all are recommended.
Early initiation of breastfeeding	Early initiation of breastfeeding	No change	
	Exclusively breastfed for the first two days after birth	New indicator	Feeding newborns anything other than breast milk can make it more difficult to establish breastfeeding.
Exclusive breastfeeding under six months	Exclusive breastfeeding under six months	No change	
	Mixed milk feeding under six months	New indicator	This indicator may be useful for advocacy purposes to document the extent to which non-human milks are used to supplement breastfeeding.
Continued breastfeeding at one year (12–15 months)	Continued breastfeeding 12–23 months	Age window widened to reflect any breastfeeding in the second year of life	Sample size tended to be small for children aged 12–15 months and age window did not accurately reflect “at 1 year”.

Changes between the 2008 and 2021 Indicators (cont...)

2008 indicator	2021 indicator	Key change	Main rationale
Introduction of solid, semi-solid or soft foods	Introduction of solid, semi-solid or soft foods 6–8 months	Calculation is now based on the food list question rather than the frequency of feeding question	Brought into line with data analysis practices of two major household survey programmes, the Multiple Indicator Cluster Survey (MICS) and the Demographic and Health Surveys (DHS).
Minimum dietary diversity	Minimum dietary diversity 6–23 months	Breast milk added as an eighth food group and cut-off for minimum increased to five food groups	Previous definition disadvantaged breastfed children in not counting breast milk as a food group.
Minimum meal frequency	Minimum meal frequency 6–23 months	At least one non-milk feeding is required to meet minimum for non-breastfed children while the previous definition allowed children to achieve the minimum with milk feeds only	Dietary intake for this age group needs to include solid, semi-solid or soft foods; allowing consumption of only milk-based meals was not in line with guiding principles on IYC feeding.
Milk feeding frequency for non-breastfed children	Minimum milk feeding frequency for non-breastfed children 6–23 months	This was an “optional” indicator in the 2008 set of indicators	There is no longer a set of optional indicators; all are recommended.

Changes between the 2008 and 2021 Indicators (cont...)

2008 indicator	2021 indicator	Key change	Main rationale
Minimum acceptable diet	Minimum acceptable diet 6–23 months	Altered to reflect changes in MDD and MMF above	See above.
	Egg and/or flesh food consumption 6–23 months	New indicator	Diets lacking egg and/or flesh foods are less likely to meet nutrient needs for IYC.
	Sweet beverage consumption 6–23 months	New indicator	Intake of sweet beverages is associated with increased weight-for-length and BMI z-scores, and intake of sugar-sweetened beverages with an obesity risk in children.
	Unhealthy food consumption 6–23 months	New indicator	Unhealthy foods displace nutritious foods and establish dietary preferences that persist throughout childhood and into adulthood.
	Zero vegetable or fruit consumption 6–23 months	New indicator	Low vegetable and fruit consumption is associated with an increased risk of noncommunicable diseases.
Bottle feeding	Bottle feeding 0–23 months	This was an “optional” indicator in the 2008 set of indicators	There is no longer a set of optional indicators; all are recommended.

Changes between the 2008 and 2021 Indicators (cont...)

2008 indicator	2021 indicator	Key change	Main rationale
Infant feeding area graphs	Area graphs under 6 months	New indicator	These graphs were recommended in the previous guidance for 0–23 months, but not listed among the indicators. Given their value in situation analysis and monitoring, they have now been included as “other indicators”.
Consumption of iron-rich or iron-fortified foods		Deleted	Hard to operationalize in household surveys.
Continued breastfeeding at two years (20–23 months) (optional)		Combined with continued breastfeeding 12–23 months as described above	
Age-appropriate breastfeeding (optional)		Deleted	Composite indicator that was hard to interpret programmatically.
Predominant breastfeeding under six months (optional)		Deleted	Predominant breastfeeding is not recommended. The indicator was rarely used; not considered useful.
Duration of breastfeeding (optional)		Deleted	Difficult to calculate and hard to communicate.

Context specific custom indicators

Indicators related to knowledge and awareness (*as an example*)

1. % of mothers/ caregivers of children <2 years able to tell at least 4 key messages around optimal IYCF practices
2. % of mothers/ caregivers of children <2 years know the harmful effect of bottle feeding

Indicators related to Attitude (*as an example*)

1. If mothers/caregivers of children <2 years would not go to the health facility, then what would be the reason(s)?
2. At what point mothers/caregivers of children <2 years would go to health facility if the child appears to have malnutrition?

Context specific custom indicators (Cont...)

Indicators related to practices (as an example)

1. % of mothers/ caregivers of children <2 years who gave honey/ sugar syrup (pre-lacteal feeding) after the birth of infant
2. % of lactating mothers having children <2 years who consumed a diversified diet based on 24 hours recall method *(need to define diversified diet with list of food groups and minimum number of food groups to be eaten)*

Apart from that, all the UNICEF/ WHO global indicators (2021) are basically practices level IYCF indicators.

Group Exercise

- Nominate on group leader who will moderate and capture all the group discussion
- Identify the most important list of standard indicators (practice level) from the 2021 guidance?
- Identify context specific Knowledge and Attitude level few IYCF indicators that are needed for Myanmar context
- For all the quantitative indicators (that you will be selecting other than the global standard from WHO/Unicef) please put those into the excel indicator matrix shared with you filling all the columns (e.g. indicator definition, numerator/denominator, target group etc.)
- For qualitative indicators, please provide a clear definition, target group and which qualitative approach (e.g. FGD, KII, Observation etc.) will be most suitable? No need to write numerator/denominator.

Thanks