

**ANNEXURE 7**  
**DEPARTMENT OF FOODS AND NUTRITION, THE M.S.UNIVERSITY OF BARODA**

**Interview Schedule for the Mother of the Infant: Child Feeding Practices**

- i) ID. No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 ii) Name of village: \_\_\_\_\_  
 iii) Name of the respondent: \_\_\_\_\_

**1 BACKGROUND INFORMATION**

	<b>Codes</b>	<b>Remarks</b>
1.1) Religion:		
1 Hindu	1	
2 Muslim	2	
3 others (specify)	3	
1.2) Total number of family members: _____		
1.3) Type of family:		
1 joint	1	
2 nuclear	2	
1.4) Name of the infant: _____		
1.5) Age (completed months): _____		
1.6) Sex:		
1 male	1	
2 female	2	
1.7) Birth order: _____		
1.8) Age of mother (completed years): _____		
1.9) Education of the mother:		
1 illiterate	1	
2 literate	2	
3 primary (completed 7 <sup>th</sup> standard)	3	
4 secondary (completed 10 <sup>th</sup> standard)	4	
5 higher secondary (completed 12 <sup>th</sup> standard)	5	
6 graduate	6	
1.10) Completed years of school education (standard 1 onwards): _____		
1.11) Age of father (completed years): _____		
1.12) Education of the father:		
1 illiterate	1	
2 literate	2	
3 primary (completed 7 <sup>th</sup> standard)	3	
4 secondary (completed 10 <sup>th</sup> standard)	4	
5 higher secondary (completed 12 <sup>th</sup> standard)	5	
6 graduate	6	
1.13) Type of house:		
1 pucca (brick walls with concrete ceiling)	1	
2 semi pucca (brick walls with tinned shed roof and mud flooring)	2	
3 kuccha (mud walls with tinned shed roof and mud flooring)	3	

- 1.14) Number of rooms in the house (including kitchen): \_\_\_\_\_
- 1.15) Whether the kitchen is separate from the rooms:
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 1.16) Source of drinking water:
- |                        |   |
|------------------------|---|
| 1 well                 | 1 |
| 2 common municipal tap | 2 |
| 3 tap in house         | 3 |
| 4 common hand pump     | 4 |
| 5 other (specify)      | 5 |
- 1.17) Distance of water source from house:
- |                |   |
|----------------|---|
| 1 near by      | 1 |
| 2 in same lane | 2 |
| 3 farther away | 3 |
- 1.18) Toilet facility
- |                           |   |
|---------------------------|---|
| 1 open defecation         | 1 |
| 2 common toilet           | 2 |
| 3 toilet within the house | 3 |
- 1.19) Garbage disposal
- |                       |   |
|-----------------------|---|
| 1 outside the house   | 1 |
| 2 in a common dustbin | 2 |
| 3 by sweeper          | 3 |
| 4 other (specify)     | 4 |
- 1.20) Total family income per month: Rs. \_\_\_\_\_
- 1.21) Per capita income: Rs. \_\_\_\_\_

## 2 REPRODUCTIVE HISTORY

- 2.1) Age of marriage:
- 2.2) Age at birth of first child:
- 2.3) Birth spacing between index child and previous child:

## 3 BREASTFEEDING

### 3.1 Prelacteal feeding:

- 3.1.1) What was given to <child> immediately after birth (within one hour)?
- |                   |   |
|-------------------|---|
| 1 breast milk     | 1 |
| 2 water           | 2 |
| 3 prelacteals     | 3 |
| 4 top milk        | 4 |
| 5 nothing         | 5 |
| 6 other (specify) | 6 |
- 3.1.2) If prelacteals were given, specify:
- |                          |   |
|--------------------------|---|
| 1 water                  | 1 |
| 2 <i>patasa</i> water    | 2 |
| 3 honey water            | 3 |
| 5 ghee and jaggery water | 5 |
| 6 other (specify)        | 6 |

3.1.3) Who advised to give prelacteals to the <child>?	
1 self	1
2 mother-in-law	2
3 mother	3
4 sister in law	4
5 anganwadi worker	5
6 mid wife ( <i>dai</i> )	6
7 ANM	7
8 other (specify)	8
3.1.4) How were prelacteals given to <the child>?	
1 spoon	1
2 finger	2
3 cotton	3
4 cloth piece	4
5 other (specify)	5
3.1.5) Reason for giving prelacteals	
1 dirt in child's stomach is removed	1
2 inculcates <i>sanskar</i>	2
3 initially no breast milk and child is hungry	3
4 family members told me so (specify)	4
5 do not know	5
6 others (specify)	6
<b>3.2 Colostrum feeding</b>	
3.2.1) Do you know that the first milk that comes out of the breast looks different from the later milk?	
1 yes	1
2 no	2
3.2.2) What is this milk called?	
1 <i>chep</i>	1
2 yellow milk	2
3 don't know	3
4 other (specify)	4
3.2.3) Did you give this milk (colostrum) to <child>?	
1 yes	1
2 no	2
3.2.4) If yes, how much milk did you squeeze out before putting <child> to breast?	
1 none	1
2 few drops	2
3 most/all	3
3.2.5) Is colostrum good for the child?	
1 yes	1
2 no	2
3.2.6) If good, why	
1 child becomes healthy	1
2 colostrum is energy dense/nutritious	2
3 improves the immunity	3
4 other (specify)	4

3.2.7) If bad, why,	
1 unhealthy for the child	1
2 it is dirty	2
3 stale milk	3
4 don't know	4
5 other (specify)	5
3.2.8) Who told you about this?	
1 self	1
2 mother - in - law	2
3 mother	3
4 sister in law	4
5 doctor	5
6 mid wife ( <i>dai</i> )	6
7 anganwadi worker	7
8 ANM	8
9 neighbour	9
10 other (specify)	10

### 3.3 Initiation of breastfeeding

3.3.1) How long after birth did you first put your child to breast? Within \_\_\_\_\_ hours

3.3.2) Who advised you for this?

1 self	1
2 mother in law	2
3 mother	3
4 doctor	4
5 midwife ( <i>dai</i> )	5
6 ANM	6
7 anganwadi worker	7
8 neighbour	8
9 other (specify)	9

3.3.3) Are you currently breastfeeding?

1 yes	1
2 no, then go to 3.3.5	2

3.3.4) If yes, then till what age will you breastfeed <child>? \_\_\_\_\_ months

3.3.5) If no, then till what age did you breastfeed < child>? \_\_\_\_\_ months

3.3.6) Why did you stop breastfeeding?

1 mother was sick /ill /weak	1
2 <child> was sick /weak/ill	2
3 mother had cracked nipples	3
4 insufficient milk	4
5 <child> refused breast	5
6 mother separated from <child> for work or other reasons	6
7 mother became pregnant	7
8 <child> reached the age of weaning	8
9 other (specify)	9

3.3.7) When do you breastfeed your <child>?

1 when the <child> cries	1
2 some fixed time	2

- |   |   |
|---|---|
| 3 when breast is full                                   | 3 |
| 4 when I think the <child> is hungry                    | 4 |
| 5 other (specify)                                       | 5 |
| 3.3.8) Usually when you breastfeed your child, you:     |   |
| 1 empty from one breast first before offering the other | 1 |
| 2 give little milk from both breasts at each feed       | 2 |
| Give reasons (for 1 or 2):                              |   |

#### 4 WATER FEEDING

- |  |   |
|--|---|
| 4.1) Do you give water to the <child>?   |   |
| 1 yes  | 1 |
| 2 no, then go to 4.6   | 2 |
| 4.1.1) If yes, since when: age of child in months _____                              |   |
| 4.2) Why do you give water?  |   |
| 1 mouth will not get dry   | 1 |
| 2 to prevent dehydration   | 2 |
| 3 <child> will remain cool   | 3 |
| 4 <child> remains healthy  | 4 |
| 5 don't know   | 5 |
| 6 other (specify)  | 6 |
| 4.3) Specify frequency of giving water:  |   |
| 1 daily  | 1 |
| 2 occasionally   | 2 |
| 3 other (specify)  | 3 |
| 4.4) Do you think water feeding should vary according to the season (summer/winter)? |   |
| 1 yes  | 1 |
| 2 no   | 2 |
| Give reasons:  |   |
| 4.5) Who advised you to feed water?  |   |
| 1 doctor   | 1 |
| 2 mother   | 2 |
| 3 mother in law  | 3 |
| 4 self   | 4 |
| 5 neighbour  | 5 |
| 6 anganwadi worker   | 6 |
| 7 other (specify)  | 7 |
| 4.6) Has anyone advised you not to feed water?                                       |   |
| 1 doctor   | 1 |
| 2 mother   | 2 |
| 3 mother in law  | 3 |
| 4 self   | 4 |
| 5 neighbour  | 5 |
| 6 anganwadi worker   | 6 |
| 7 other (specify)  | 7 |
| 4.7) Do you think there is any water in breast milk?                                 |   |
| 1 yes  | 1 |
| 2 no   | 2 |
| 3 don't know   | 3 |

And why (for 1or2)?

### 5 MILK SUFFICIENCY

- 5.1) If the mother feeds water, how long did you exclusively breastfeed (not even water)?  
\_\_\_\_\_ age in completed months
- 5.2) If the mother does not feed water, how long will you exclusively breastfeed (not even water)? \_\_\_\_\_ age in completed months
- 5.3) Do you feel that you are producing enough milk for the child?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- Reason for any of the above:
- 5.4) If no, what have you done about it?
- |                                    |   |
|------------------------------------|---|
| 1 taken any special food (specify) | 1 |
| 2 taken any medicine               | 2 |
| 3 consulted some one (specify)     | 3 |
| 4 started top milk                 | 4 |
| 5 started top food                 | 5 |
| 6 give breast milk more often      | 6 |
| 7 nothing                          | 7 |
| 8 other (specify)                  | 8 |

### 6 TOP MILK

- 6.1) Do you give top milk to the <child>?
- |                      |   |
|----------------------|---|
| 1 yes                | 1 |
| 2 no, then go to 6.9 | 2 |
- 6.2) If yes, since how many months? Age of the child: \_\_\_\_\_ completed months
- 6.3) Which type of milk do you give to the <child>?
- |            |   |
|------------|---|
| 1 animal   | 1 |
| 2 powdered | 2 |
| 3 tinned   | 3 |
- 6.4) If yes, why?
- |  |   |
|--|---|
| 1 <child> becomes healthy                  | 1 |
| 2 inadequate breast milk                   | 2 |
| 3 <child> learns to eat                    | 3 |
| 4 preparing <child> to leave breastfeeding | 4 |
| 5 absence of mother                        | 5 |
| 6 don't know                               | 6 |
| 7 other (specify)                          | 7 |
- 6.5) Who advised to feed top milk?
- |                    |   |
|--------------------|---|
| 1 mother           | 1 |
| 2 mother in law    | 2 |
| 3 father           | 3 |
| 4 self             | 4 |
| 5 anganwadi worker | 5 |
| 6 other (specify)  | 6 |
- 6.6) Frequency of feeding:
- |               |   |
|---------------|---|
| 1 once a day  | 1 |
| 2 twice a day | 2 |

3 more than two times	3
6.7) Mode of feeding top milk:	
1 nipple bottle	1
2 cup & spoon	2
3 cup	3
4 other (specify)	4
6.8) Who feeds the <child>?	
1 self	1
2 mother in law	2
3 father	3
4 siblings	4
5 other (specify)	5
6.9) If no, why?	
1 <child> is healthy	1
2 <child> is not crying	2
3 don't know	3
4 other (specify)	4
6.10) Has anyone advised you not to feed top milk?	
1 mother	1
2 mother-in-law	2
3 father	3
4 self	4
5 anganwadi worker	5
6 other (specify)	6
6.11) In your opinion which is better:	
1 mother's milk	1
2 top milk	2
3 both	3
4 don't know	4
Why? (For 1, 2 Or 3)	

## 7 COMPLEMENTARY FEEDING

7.1) Besides breast milk, are there any other food items that you give to your <child>?	
1 yes	1
2 no go to 7.10 and skip next section	2
7.2) If yes, what?	
7.3) Since when: age _____ completed months	
7.4) Why did you start giving complementary foods to the <child>?	
1 perceived breast milk insufficiency	1
2 child cries a lot	2
3 child is grown up now	3
4 eruption of teeth	4
5 <child> started sitting / walking	5
6 you thought the <child> is not growing well	6
7 absence of mother	7
8 preparing <child> to leave breast milk	8
9 other (specify)	9

7.5) Who advised you about complementary foods?

- |                    |   |
|--------------------|---|
| 1 doctor           | 1 |
| 2 neighbour        | 2 |
| 3 self             | 3 |
| 4 mother in law    | 4 |
| 5 father           | 5 |
| 6 anganwadi worker | 6 |
| 7 other (specify)  | 7 |

7.6) What are the benefits of feeding complementary foods to the <child>?

- |                           |   |
|---------------------------|---|
| 1 child remains healthy   | 1 |
| 2 child becomes playful   | 2 |
| 3 child sleeps well       | 3 |
| 4 child does not fall ill | 4 |
| 5 don't know              | 5 |
| 6 other (specify)         | 6 |

7.7) Do you prepare any special food items for the <child>?

- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |

7.7.1) If yes, what?

7.8) Do you avoid giving certain foods to the <child>?

- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |

7.8.1) If yes, what?

7.9) Do you feel your child has a normal appetite?

- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |

Reasons:

7.10) What are the harmful effects / what bad would happen to the <child> on feeding complementary foods beyond 6 months?

- |                                   |   |
|-----------------------------------|---|
| 1 child would become ill          | 1 |
| 2 child would become malnourished | 2 |
| 3 don't know                      | 3 |
| 4 other (specify)                 | 4 |

7.11) What is the source of your knowledge about child feeding practices?

- |                           |   |
|---------------------------|---|
| 1 newspaper               | 1 |
| 2 elders in the house     | 2 |
| 3 doctor                  | 3 |
| 4 radio                   | 4 |
| 5 television              | 5 |
| 6 nurse/AWW/health worker | 6 |
| 7 friends                 | 7 |
| 8 don't know              | 8 |
| 9 other (specify)         | 9 |



## 8 ACTIVE VS PASSIVE FEEDING

- 8.1) Who feeds the child?
- |                         |   |
|-------------------------|---|
| 1 child himself/herself | 1 |
| 2 mother                | 2 |
| 3 mother in law         | 3 |
| 4 father                | 4 |
| 5 elder siblings        | 5 |
| 6 depends on the food   | 6 |
| 7 other (specify)       | 7 |
- 8.2) How do you feed the <child>?
- |  |   |
|--|---|
| 1 force him/her to eat                                 | 1 |
| 2 encourage the child to finish up the meal            | 2 |
| 3 feed the child on demand-when he/she asks for food   | 3 |
| 4 give food and leave him/her alone to finish the meal | 4 |
| 5 don't know   | 5 |
| 6 other (specify)                                      | 6 |
- 8.3) Does child eat with the family members?
- |             |   |
|-------------|---|
| 1 yes       | 1 |
| 2 no        | 2 |
| 3 sometimes | 3 |
- 8.4) How do you feed your child?
- |                   |   |
|-------------------|---|
| 1 in your plate   | 1 |
| 2 separate vessel | 2 |

## 9 MORBIDITY PROFILE OF THE CHILD

- 9.1) Has your <child> fallen ill in the last 15 days?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 9.2) If yes then describe the illness
- |                             |  |
|-----------------------------|--|
| 1 What type                 |  |
| 2 Duration (days)           |  |
| 3 Was it severe or serious? |  |
| 4 Treatment given           |  |
- 9.3) Did your <child> have health problems during teething?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 9.4) If yes, then
- |                   |  |
|-------------------|--|
| 1 Describe        |  |
| 2 Duration (days) |  |
| 3 Was it severe?  |  |
| 4 Treatment given |  |
- 9.5) What do you think about illness during teething?

## 10 FEEDING DURING AND AFTER ILLNESS

- 10.1) If you are ill, will you breastfeed < child>?
- |                  |   |
|------------------|---|
| 1 same as before | 1 |
|------------------|---|

- 2 less than before 2
- 3 stop's breastfeeding 3
- 4 the amount child demands 4
- Give reason for any of the above

10.2) If <child> has any illness below will you breastfeed:

- |                            | cold/fever | diarrhoea |
|----------------------------|------------|-----------|
| 1 same as before           | 1          | 1         |
| 2 less than before         | 2          | 2         |
| 3 stop feeding             | 3          | 3         |
| 4 the amount child demands | 4          | 4         |
- Give reasons for any of the above

10.3) If <child> is receiving complementary foods, then during illness you feed:

- |                            | cold/fever | diarrhoea |
|----------------------------|------------|-----------|
| 1 same as before           | 1          | 1         |
| 2 less than before         | 2          | 2         |
| 3 stop feeding             | 3          | 3         |
| 4 the amount child demands | 4          | 4         |
- Give reasons for any of the above

10.4) When <child> is recovering what is the amount of

10.4.1) Breast feeds given:

- 1 same as before 1
- 2 less than before 2
- 3 more than before 3
- 4 amount child demands 4
- Give reason for any of the above

10.4.2) Complementary foods given:

- 1 same as before 1
- 2 less than before 2
- 3 more than before 3
- 4 amount child demands 4
- Give reasons for any of the above

10.5) Foods given and avoided during illness

Type of illness	Special foods given	Reason	Foods avoided	Reason

## 11 HEALTH SEEKING BELIEFS AND PRACTICES

11.1) Describe a child who is

- 1 Healthy and strong
- 2 Weak and ill

11.2) Do you think your <child> is healthy?

- 1 yes 1
- 2 no 2
- Reason for above

- 11.3) Why do you think a <child> falls ill?
- |   |   |
|---|---|
| 1 evil eye                                | 1 |
| 2 consumes less food/inappropriate food   | 2 |
| 3 unhygienic conditions                   | 3 |
| 4 illness is a normal part of development | 4 |
| 5 don't know                              | 5 |
| 6 any other (specify)                     | 6 |
- 11.4) What do you do when your <child> is ill?
- |   |   |
|---|---|
| 1 go to the doctor.                                   | 1 |
| 2 go to the anganwadi worker                          | 2 |
| 3 try to get rid of the evil eye/faith healer.        | 3 |
| 4 wait for the child to get well by himself /herself. | 4 |
| 5 try some home remedies                              | 5 |
| 6 refer to older women                                | 6 |
| 7 increase amount of food given; gives better food    | 7 |
| 8 other (specify)                                     | 8 |
- 11.5) Do you think diet plays an important role in determining your <child's> health?
- |              |   |
|--------------|---|
| 1 yes        | 1 |
| 2 no         | 2 |
| 3 don't know | 3 |
- 11.6) What do you think is the cause of malnutrition (thinness or weakness in child)?
- |                         |   |
|-------------------------|---|
| 1 evil eye              | 1 |
| 2 food deficiency       | 2 |
| 3 illness and infection | 3 |
| 4 don't know            | 4 |
| 5 other (specify)       | 5 |
- 11.7) Do you visit Anganwadi center regularly?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 11.8) If yes, services used:
- |                              |   |                     |
|------------------------------|---|---------------------|
| 1 supplementary foods [ICDS] | 1 | Frequency per month |
| 2 vaccination                | 2 |                     |
| 3 NHE                        | 3 |                     |
| 4 pre school facility        | 4 |                     |
| 5 regular health checkups    | 5 |                     |
| 6 referral services          | 6 |                     |

## 12 FAMILY SUPPORT

- 12.1) In what household chores does your husband help you?
- |  |   |
|--|---|
| 1 purchase of daily food items from the market | 1 |
| 2 feeds the <child> sometimes                  | 2 |
| 3 helps to keep the <child> clean              | 3 |
| 4 plays with the <child> sometimes             | 4 |
| 5 takes the <child> to the doctor when ill     | 5 |
| 6 none   | 6 |
| 7 other (specify)                              | 7 |
- 12.2) In what household chores does your mother-in-law help you? (if applicable)
- |                                |   |
|--------------------------------|---|
| 1 purchase of daily food items | 1 |
|--------------------------------|---|

- |   |   |
|---|---|
| 2 feeds the <child> sometimes   | 2 |
| 3 helps to keep the <child> clean   | 3 |
| 4 plays with the <child>  | 4 |
| 5 preparing food  | 5 |
| 6 none  | 6 |
| 7 other (specify)   | 7 |
| 12.3) Do you perceive you are in good health?                                 |   |
| 1 yes   | 1 |
| 2 no  | 2 |
| 12.4) Do you think your health affects the way you take care of your <child>? |   |
| 1 yes   | 1 |
| 2 no  | 2 |
| 12.5) Do you want to improve your health?                                     |   |
| 1 yes   | 1 |
| 2 no  | 2 |
| 12.6) If yes, how?  |   |
| 12.7) Are you happy with the way you take care of your child?                 |   |
| 1 yes   | 1 |
| 2 no  | 2 |
| Please explain  |   |
| 12.8) What support do you need to be better able to care for your <child>?    |   |