

ANNEXURE 16
DEPARTMENT OF FOODS AND NUTRITION, THE M.S. UNIVERSITY OF BARODA

Interview Schedule for the Mother of the Infant:
Child Feeding Practices (Pre NHEC Intervention)

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

1 BACKGROUND INFORMATION

	Codes
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 th standard)	3
4 secondary (completed 10 th standard)	4
5 higher secondary (completed 12 th standard)	5
6 graduate	6
1.10) Age of father (completed years): _____	
1.11) Education of the father:	
1 illiterate	1
2 literate	2
3 primary (completed 7 th standard)	3
4 secondary (completed 10 th standard)	4
5 higher secondary (completed 12 th standard)	5
6 graduate	6
1.12) 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
1.13) Total family income per month: Rs. _____	
1.14) 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 INITIATION OF BREASTFEEDING

- 3.1) Are you currently breastfeeding?
1 yes 1
2 no 2
- 3.2) If yes, then till what age will you breastfeed <child>? _____ months
- 3.3) If no, then till what age did you breastfeed < child>? _____ months
- 3.4) 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

4 WATER FEEDING

- 4.1) Do you give water to the <child>?
1 yes 1
2 no 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

5 EXCLUSIVE BREASTFEEDING & 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.

6 TOP MILK

- 6.1) Is the child fed top milk at present
1 yes 1
2 no 2
If no, go to 6.8
- 6.2) If yes, since when did you regularly start giving top milk? -----(age in completed months)

6.3) If yes, why?	
1 <child> becomes healthy	1
2 inadequate breast milk	2
3 <child> learns to eat	3
4 preparing <child> to leave breast feeding	4
5 absence of mother	5
6 don't know	6
7 other (specify)	7
6.4) Which type of milk?	
1 cow	1
2 buffalo	2
3 dairy	3
6.5) Frequency of feeding:	
1 once a day	1
2 twice a day	2
3 more than two times	3
6.6) Mode of feeding top milk:	
1 nipple bottle	1
2 cup & spoon	2
3 cup	3
4 other (specify)	4
6.7) Who feeds the <child>?	
1 self	1
2 mother in law	2
3 father	3
4 siblings	4
5 other (specify)	5
6.8) If no, why?	
1 <child> is healthy	1
2 <child> is not crying	2
3 don't know	3
4 other (specify)	4

7 COMPLEMENTARY FEEDING

7.1) Besides breast milk, are there any other food items that you give regularly to your <child>?	
1 yes	1
2 no	2
7.2) If yes, since when ? Age in completed months_____	
7.3) If no from when do you plan to initiate complementary foods to your child?	
7.4) Types of complementary foods given at present	
7.5) 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
7.6) What are the benefits of feeding complementary foods to the <child> at 6 months?	
1 child grows well	1
2 child remains healthy	2
3 child learns to eat	3
4 child becomes playful	4
5 child does not fall ill	5
6 for child's optimal physical and cognitive development	6
7 don't know	7
8 other (specify)	8
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?	
7.8.2) Why?	
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 will not grow well	1
2 child will become malnourished	2
3 child will fall ill	3
4 no harmful effects	4
5 other (specify)	5

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 encourage the child to finish up the meal	1
2 sit with the child while feeding	2
3 force him/her to eat	3
4 feed the child on demand-when he/she asks for food	4
5 give food and leave him/her alone to finish the meal	5
6 don't know	6
7 other (specify)	7

- 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

10 HEALTH SEEKING BELIEFS AND PRACTICES

- 10.1) Do you think your <child> is healthy?
- | | |
|-------|---|
| 1 yes | 1 |
| 2 no | 2 |
- Reason for above
- 10.2) 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 |
- 10.3) What do you think is the cause of malnutrition (thinness or weakness in child)?
- | | |
|--------------------------|---|
| 1 evil eye | 1 |
| 2 food deficiency | 2 |
| 3 inappropriate food | 3 |
| 4 illness and infection | 4 |
| 5 unhygienic environment | 5 |
| 6 don't know | 6 |
| 7 other (specify) | 7 |

11 HYGIENE PRACTICES

- 11.1 For good health of your child what specific care should be taken regarding hygiene? (Probe: personal, environmental hygiene)
- 11.2 While feeding your child what specific care should be taken regarding hygiene? (Probe: personal, environmental hygiene)
- 11.3 What are the harmful effects of not following hygiene practices?