

**ANNEXURE 17**  
**DEPARTMENT OF FOODS AND NUTRITION, THE M.S.UNIVERSITY OF BARODA**

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

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

**1 EXCLUSIVE BREAST FEEDING**

- 1.1) Till what age should you exclusively breast feed your child (not even water)?  
\_\_\_\_\_ age in completed months
- 1.2) When should you start feeding water to your child?  
\_\_\_\_\_ age in completed months

**2 COMPLEMENTARY FEEDING**

- 2.1) When should you initiate complementary foods to your child?  
Age in completed months \_\_\_\_\_
- 2.2) Why?
- |                                               |   |
|-----------------------------------------------|---|
| 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 |
- 2.3) When did you initiate complementary foods to your child?  
Age in completed months \_\_\_\_\_
- 2.4) 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 |
- 2.5) 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 |
- 2.6) Types of complementary foods given at present
- 2.7) Do you prepare any special food items for the <child>?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 2.7.1) If yes, what?
- 2.7.2) Why? (probe: what made you decide)
- 2.8) Do you avoid giving certain foods to the <child>?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 2.8.1) If yes, what?
- 2.8.2) Why? (probe further, why is the mother not giving a particular food despite being educated in meeting/home visit)
- 2.9) How many times and in what quantity should you feed a child 6-9 months old?
- 2.9.1) \_\_\_\_\_ times
- 2.9.2) \_\_\_\_\_ cups (per serving)
- 2.10) How many times and in what quantity should you feed a child 10-12 months old?
- 2.10.1) \_\_\_\_\_ times
- 2.10.2) \_\_\_\_\_ cups (per serving)
- 2.11) How many times and in what quantity should you feed a child 1-2 year old?
- 2.11.1) \_\_\_\_\_ times
- 2.11.2) \_\_\_\_\_ cups (per serving)
- 2.12) What type of foods should be given to child?
- 2.13) What would happen if we do not give these foods to the child everyday / harmful effect of not feeding vegetables and fruits in daily meals?

### 3 ACTIVE VS PASSIVE FEEDING

- 3.1) 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 |

- 3.2) 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 |
- 3.3) Does child eat with the family members?
- |             |   |
|-------------|---|
| 1 yes       | 1 |
| 2 no        | 2 |
| 3 sometimes | 3 |
- 3.4) How do you feed your child?
- |                   |   |
|-------------------|---|
| 1 in your plate   | 1 |
| 2 separate vessel | 2 |

#### 4 MORBIDITY PROFILE OF THE CHILD

- 4.1) Has your <child >fallen ill in the last 15 days?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 4.2) If yes then describe the illness
- |                             |  |
|-----------------------------|--|
| 1 What type                 |  |
| 2 Duration (days)           |  |
| 3 Was it severe or serious? |  |
| 4 Treatment given           |  |

#### 5 HEALTH RELATED BELIEFS AND PRACTICES

- 5.1) Do you think your <child> is healthy?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- Reason for above
- 5.2) 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 |
- 5.3) 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 |

5.4)	Does your child visit the AWC regularly?	
1	yes	1
2	no	2
5.5)	If yes, services used:	
1	supplementary foods [ICDS]	1
2	vaccination	2
3	NHE	3
4	pre school facility	4
5	regular health checkups	5
6	referral services	6

## 6 HYGIENE PRACTICES

- 6.1) What specific care you take regarding hygiene of your child? (probe: cleanliness of child)
- 6.2) While feeding your child what specific care you take regarding hygiene?
- 6.3) What will happen if good hygiene practices are not followed for the child and while feeding the child? (probe: effect on health)

## 7 IMPACT OF NHEC SESSION

- 7.1) Did you experience any beneficial effects of the education given during the meeting on your child?
- |   |     |   |
|---|-----|---|
| 1 | yes | 1 |
| 2 | no  | 2 |
- 7.2) If yes, what? (probe: food intake, appearance, weight, occurrence of illness)
- 7.3) Did you discuss the messages given during the meeting with anyone else?
- |   |     |   |
|---|-----|---|
| 1 | yes | 1 |
| 2 | no  | 2 |
- 7.4) If yes, with whom?
- |   |                  |
|---|------------------|
| 1 | husband          |
| 2 | mother in law    |
| 3 | neighbours       |
| 4 | others (specify) |

Note: Questions on Breastfeeding and Water Feeding practices are omitted as none of the infants were below 6 months