

ANNEXURES

ANNEXURE 1
DEPARTMENT OF FOODS AND NUTRITION, M.S.UNIVERSITY OF BARODA

Interview Schedule for the Mother of the Infant:
Child Feeding and Care Practices

- | | |
|------------------------------|--------------------------|
| i) ID. No.: | Date of interview: |
| ii) Name of village: | Time of interview: |
| iii) Name of the respondent: | Name of the interviewer: |

1 BACKGROUND INFORMATION

	Codes	Remarks
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) 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 th standard)	3	
4 secondary (completed 10 th standard)	4	
5 higher secondary (completed 12 th 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
3.2 Colostrum feeding	
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
3.2.9) If a knowledgeable person advised you that colostrum is good and feed colostrum to the child, would you be able to do this?	
1 yes	1
2 no	2

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 4.7	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 1 or 2)?

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) Did you give top milk in the past (discontinued now)?
- | | |
|-------|---|
| 1 yes | 1 |
| 2 no | 2 |
- 6.1.1) If yes, for how many months? Age of the child: _____ completed months
- 6.2) When was it discontinued? Age of the child: _____ completed months
- 6.3) If the child is fed top milk at present then, which type of milk - animal, powdered or tinned?
- | | |
|----------------------|---|
| 1 yes | 1 |
| 2 no then go to 6.11 | 2 |
- 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) Do you add water to the top milk?	
1 yes	1
2 no then go to 6.10	2
6.9) If yes, how much?	
1 half milk, half water	1
2 more milk less water	2
3 less milk more water	3
6.10) Who feeds the <child>?	
1 self	1
2 mother in law	2
3 father	3
4 siblings	4
5 other (specify)	5
6.11) If no, why?	
1 <child> is healthy	1
2 <child> is not crying	2
3 don't know	3
4 other (specify)	4
6.12) 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

6.13) 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 _____ 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) | |

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 |
- 8.1.1) If, option 6 is selected then, which foods child eats by himself/herself?
- 8.1.2) Which foods does the mother feed?
- 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 |

8.5) If the child eats on its own, then since when _____ completed months.

9 MORBIDITY PROFILE OF THE CHILD

9.1) Has your <child> fallen ill in the last 15 days?

- | | |
|----------------------|---|
| 1 yes | 1 |
| 2 no then go to 10.3 | 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 then go to 9.5 | 2 |

9.4) If yes, then

- 1 Describe
- 2 Duration (days)
- 3 Was it severe or serious?
- 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/cough | fever | diarrhoea |
|----------------------------|------------|-------|-----------|
| 1 same as before | 1 | 1 | 1 |
| 2 less than before | 2 | 2 | 2 |
| 3 stop feeding | 3 | 3 | 3 |
| 4 the amount child demands | 4 | 4 | 4 |

Give reasons for any of the above

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

- | | cold/cough | fever | diarrhoea |
|----------------------------|------------|-------|-----------|
| 1 same as before | 1 | 1 | 1 |
| 2 less than before | 2 | 2 | 2 |
| 3 stop feeding | 3 | 3 | 3 |
| 4 the amount child demands | 4 | 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 health center or AW regularly?	
1 yes	1
2 no then go to next section	2
11.8) If yes, services used:	Frequency per month
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

12 AUTONOMY AND CONTROL OF RESOURCES

12.1) Who takes the following decisions in your household	
12.1.1) What is to be cooked for the family?	
1 self	1
2 jointly with others (specify)	2
3 others (specify)	3
12.1.2) Food distribution among the family members (who is to be served which food)	
1 self	1
2 jointly with others (specify)	2
3 others (specify)	3
12.1.3) The schooling of children	
1 self	1
2 jointly with others (specify)	2
3 others (specify)	3
12.1.4) Major family purchases	
1 self	1
2 jointly with other (specify)	2
3 others (specify)	3
12.1.5) How should an ill child be treated?	
1 self	1
2 jointly with others (specify)	2
3 others (specify)	3

13 FAMILY SUPPORT

13.1) 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
13.2) 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
13.3) Does the child's older siblings help you in the household work [if applicable, specify]?	
1 yes	1
2 no	2
13.4.1) If yes, age of the sibling_____ years	
13.4.2) Sex of the sibling:	
1 male	1
2 female	2
13.5) Whether the sibling is kept out of school for this purpose	
1 yes	1
2 no	2
13.6) Are there any community child care services around, specify?	
1 yes	1
2 no then go to 13.17	2
13.7) If yes, specify	
13.14) Do you use them?	
1 yes	1
2 no then go to 13.16	2
13.8) If yes, how are they beneficial?	
13.9) If no, why?	
13.10) Do you perceive you are in good health?	
1 yes	1
2 no	2
13.11) Do you think your health affects the way you take care of your <child>?	
1 yes	1
2 no	2
13.12) Do you want to improve your health?	
1 yes	1
2 no	2
13.13) If yes, how?	
13.14) Are you happy with the way you take care of your child?	
1 yes	1
2 no	2
Please explain	
13.15) What support do you need to be better able to care for your <child>?	

ANNEXURE 2
DEPARTMENT OF FOODS AND NUTRITION, M.S.UNIVERSITY OF BARODA

Interview Schedule for the Grandmother of the Infant:
Child Feeding and Care Practices

- | | |
|------------------------------|--------------------------|
| i) ID. No.: | Date of interview: |
| ii) Name of village: | Time of interview: |
| iii) Name of the respondent: | Name of the interviewer: |

1 BREAST FEEDING

1.1 Prelacteal feeding:

1.1.1) What should be given to the child immediately after birth (within one hour)?

- | | |
|-------------------|---|
| 1 prelacteals | 1 |
| 2 breast milk | 2 |
| 3 water | 3 |
| 4 top milk | 4 |
| 5 nothing | 5 |
| 6 other (specify) | 6 |

if no prelacteals go to 1.2

1.1.3) If prelacteals, then why?

- | | |
|---|---|
| 1 dirt in child's stomach is removed | 1 |
| 2 inculcates <i>sanskar</i> | 2 |
| 3 initially there is no breast milk and child is hungry | 3 |
| 4 don't know | 4 |
| 5 other (specify) | 5 |

1.2 Colostrum feeding

1.2.1) Do you think colostrum should be fed to the child immediately after birth?

- | | |
|------------------|---|
| 1 yes | 1 |
| 2 no go to 1.2.3 | 2 |
| 3 don't know | 3 |

1.2.3) If yes, why

- | | |
|--|---|
| 1 child becomes healthy | 1 |
| 2 colostrum is energy dense/nutritious | 2 |
| 3 improves the immunity | 3 |
| 4 don't know | 4 |
| 5 other (specify) | 5 |

1.2.4) If no, 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 |

1.3 Initiation of breast feeding

1.3.1) How long after birth the child should be put to breast? Within _____ hours

1.3.2) When should one begin to give water to the child? _____ months

1.3.3) Why is water needed by a child (for a child <6 months)?

- | | |
|--------------------------|---|
| 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

- 1.3.4) How often in a day and how much water should be given to the child?
- No. of times in a day Amount (tsp)

2 COMPLEMENTARY FEEDING

- 2.1) From what age foods (besides top milk) should be introduced to the child?
- _____ months

- 2.2) What are the benefits of feeding complementary foods to the child (at 6 months)?

- 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

- 2.3) If food is given after 6 months to the child, what could be the harmful effects (to the child)?

- 2.4) How much food and how often in a day should complementary foods be fed to the child?

Type of food	Amount per serving (std cup)	No. of times in a day

- 2.5) For a 1 year old child, which foods are good?

- 2.6) Why are the above listed foods good?

- 2.7) For a 1 year old child, which foods are harmful?

- 2.8) Why are the above listed foods harmful?

- 2.9) How should a child be fed?

- 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

- 2.10) How should a child be fed?

- 1 in your/mother's plate 1
- 2 separate vessel

2

3 FEEDING DURING AND AFTER ILLNESS

- 3.1) If your daughter in law is ill, should she breastfeed your <grandchild>?

- 1 same as before 1
- 2 less than before 2
- 3 stop breastfeeding 3

- | | |
|----------------------------|---|
| 4 the amount child demands | 4 |
| 5 don't know | 5 |
| Give reason (for 1-4) | |

3.2) If your <grandchild> has any illness should your daughter in law breastfeed:

- | | |
|----------------------------|---|
| 1 same as before | 1 |
| 2 less than before | 2 |
| 3 stop feeding | 3 |
| 4 the amount child demands | 4 |
| 5 don't know | 5 |
| Give reasons (for 1-4) | |

3.3) If child is receiving complementary foods, then during his/her illness the mother should feed:

- | | |
|----------------------------|---|
| 1 same as before | 1 |
| 2 less than before | 2 |
| 3 stop feeding | 3 |
| 4 the amount child demands | 4 |
| 5 don't know | 5 |
| Give reasons (for 1-4) | |

4 FAMILY SUPPORT

4.1) In what activities do you help as regards care of your <grandchild>?

- | | |
|--------------------------------------|---|
| 1 feeds the child | 1 |
| 2 plays with the child | 2 |
| 3 bathes the child/keeps child clean | 3 |
| 4 puts child to sleep | 4 |
| 5 other (specify) | 5 |

4.2) Do you help your daughter in law in any of the household chores?

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

4.3) If yes, specify:

- | | |
|---|---|
| 1 purchase of household goods | 1 |
| 2 preparing food | 2 |
| 3 cleaning the house | 3 |
| 4 fetching water | 4 |
| 5 fetching fodder/ looking after the cattle | 5 |
| 6 other (specify) | 6 |

ANNEXURE 3
DEPARTMENT OF FOODS AND NUTRITION, M.S.UNIVERSITY OF BARODA

Observation Checklist for the Mother of the Infant:
Breastfeeding and Complementary Feeding Episodes

- | | |
|------------------------------|-----------------------|
| i) ID.no: | Date of observation: |
| ii) Name of village: | Time of observation: |
| iii) Name of the respondent: | Total time taken: |
| | Name of the observer: |
-
- | | | |
|----|---------------------------|--|
| 1) | Who is feeding the child? | |
| 2) | Age of the person: | |

1 BREASTFEEDING PRACTICES

- | | | |
|---|---|---|
| 1.1) | Place of feeding: | |
| 1.2) | Mother washes her hands before feeding | |
| 1 yes | | 1 |
| 2 no | | 2 |
| 1.3) | If yes, then with | |
| 1 water | | 1 |
| 2 soap and water | | 2 |
| 3 ash and water | | 3 |
| 1.4) | Infant position during breastfeeding | |
| 1 proper | | 1 |
| 2 not proper | | 2 |
| 1.5) | Able to suckle properly | |
| 1 yes | | 1 |
| 2 no | | 2 |
| 1.6) | Mother's position while feeding | |
| 1 sitting | | 1 |
| 2 lying down | | 2 |
| 1.7) | Duration of breastfeeding _____ min | |
| 1.8) | Breastfeeding little from | |
| 1 both breasts | | 1 |
| 2 emptying one breast before offering other | | 2 |
| 1.9) | Duration of breastfeeding from one side _____ min | |
| 1.10) | Does mother pay attention to her infant during breast feeding | |
| 1 yes | | 1 |
| 2 no | | 2 |
| 1.11) | Mother checks whether child is suckling properly | |
| 1 yes | | 1 |
| 2 no | | 2 |
| 1.12) | Other remarks | |

2 COMPLEMENTARY FEEDING

- 2.1) What is being fed to the child:
- 2.2) Amount served:
- 2.3) Food served in
- | | |
|-----------------|---|
| 1 separate bowl | 1 |
| 2 common bowl | 2 |
- 2.4) When was the food prepared?
- | | |
|---------------|---|
| 1 fresh food | 1 |
| 2 stored food | 2 |
| 3 snack | 3 |
- 2.5) Hours since it was stored: _____
- 2.6) Describe the utensil it was stored in [clean, covered]:
- 2.7) Condition of bowl in which food is served
- | | |
|-----------|---|
| 1 clean | 1 |
| 2 unclean | 2 |
- 2.8) If top milk fed then from what:
- | | |
|----------|---|
| 1 cup | 1 |
| 2 glass | 2 |
| 3 bottle | 3 |
| 4 other | 4 |
- 2.9) If top milk fed with a bottle then: Condition of bottle
- | | |
|-----------|---|
| 1 clean | 1 |
| 2 unclean | 2 |
- 2.10) Nipple covered
- | | |
|-------|---|
| 1 yes | 1 |
| 2 no | 2 |
- 2.11) Bottle is of
- | | |
|-----------|---|
| 1 plastic | 1 |
| 2 glass | 2 |
- 2.13) Bottle contains milk
- | | |
|-------|---|
| 1 yes | 1 |
| 2 no | 2 |
- 2.14) If yes,
- | | |
|---------------|---|
| 1 fresh milk | 1 |
| 2 stored milk | 2 |
- 2.15) if no, what is the condition of the bottle and nipple: washed with
- | | |
|------------------------------|---|
| 1 boiled for 10 minutes | 1 |
| 2 boiled for few min | 2 |
| 3 washed with soap and water | 3 |
| 4 washed with water only | 4 |
- 2.16) How is the food being fed?
- 2.16.1) Active

1	mother encourages the child	1
2	is not distracted while feeding	2
2.16.2) Passive		
1	child feeds himself /herself	1
2	mother leaves the child alone	2
2.17)	Is the child willing to be fed?	
1	yes	1
2	no	2
2.18)	Did the caregiver persuade the child to eat more?	
1	yes	1
2	no	2
2.19)	Prompt response to child's hunger cues by the caregiver?	
2.20)	Positive interaction	
1	smiling, friendly mood	1
2	a hostile one between the mother and the child	2
6		
2.21)	Did the caregiver wash child's hands before feeding?	
1	yes	1
2	no	2
2.22)	If yes with what:	
2.23)	Did the caregiver wash her hands before feeding?	
1	yes	1
2	no	2
2.24)	If yes with what	
2.25)	Did the child finish what was served?	
1	most of all	1
2	half	2
3	very little	3
2.26)	Did the caregiver check whether the child needed a second helping?	
1	yes	1
2	no	2
2.27)	Did the child finish the second helping?	
1	most of all	1
2	half	2
3	very little	3
2.28)	Did any of the family members assist in feeding the child? Describe	
2.29)	Surrounding area clean	
2.30)	Remarks if any	

ANNEXURE 4
DEPARTMENT OF FOODS AND NUTRITION, M.S.UNIVERSITY OF BARODA

Hygiene Observation Checklist (of Mother - Child and Environment)

i) ID.no:	Date of observation:
ii) Name of village:	Time of observation:
iii) Name of the respondent:	Total time taken:
	Name of the observer:

1) For the child

1.1	Face	
1	no grime visible	1
2	no discharge from eyes	2
3	no discharge from mouth	3
4	no discharge from nose	4
	(If the child has cold, discharge is wiped off)	
1.2	Hair	
1	neatly combed	1
2	no dirt visible	2
1.3	Hands	
1	no grime visible	1
1.4	Nails	
1	cut short	1
2	no dirt retained	2
1.5	Clothes	
1	no grime visible	1

2) For the mother

2.1	Face	
1	no grime visible	1
2	no discharge from eyes	2
3	no discharge from nose	3
2.2	Hair	
1	neatly combed	1
2	no dirt visible	2
2.3	Hands	
1	no grime visible	1
2.4	Nails	
1	cut short	1
2	no dirt retained	2

2.5	Clothes	
1	no grime visible	1
3)	For the surroundings	
3.1	No stagnant water / garbage	
1	inside the house	1
2	outside the house	2
3.2	Water storage utensil	
1	clean	1
2	covered	2
3	kept above floor level	3
4	doya for filling water	4
3.3	The floor	
1	clean, free from dust	1
3.4	Cross ventilation in the house	
1	proper	1
2	improper	2
3.5	Toilet facility available	
1	inside the house / near veranda	1
2	open defecation (especially of child)	2
3.6	Presence inside house	
1	flies	1
2	insects (especially cockroaches)	2
3	rats	3
3.7	Presence outside house	
1	flies	1
2	insects (especially cockroaches)	2
3	rats	3

Food Intake of the Child

- ### 1.1 Was the child ill yesterday?

- ### 1.2 24-Hour dietary recall

1.3 Was there anything that was cooked yesterday and not given to the child?

- 1.4 If yes, what

- 1.5 Why not given? (probe: mealwise if no response)

- 1.7 Do you usually give fruits to the child?

- 1.8 If yes, why? (probe: if not give then what would be the harmful effects)

- 1.9 Last week which fruits did you give and how many times?

- 1.10 If no, why?

- 1.11 Do you usually give vegetables to the child?

- 1.12 If yes, why? (probe: if not give then what would be the harmful effects)

- 1.13 Last week which vegetables did you give and how many times?

- 1.14 If no, why?

ANNEXURE 6
DEPARTMENT OF FOODS AND NUTRITION, M.S. UNIVERSITY OF BARODA

Capacity Building Training Workshop Sessions

Session I

1. Exclusive breastfeeding till 6 months.
 - Advantages of breastmilk.
 - Water is not required.
 - Consequences of initiating top milk, water or food earlier than 6 months.
2. Initiation of complementary feeding at 6 months alongwith continued breastfeeding
 - Reasons for initiating complementary foods at 6 months
 - Benefits enjoyed by a (healthy) child who had been initiated complementary foods at 6 months.
 - Consequences suffered by a (weak) child who had been initiated complementary foods beyond 6 months.

Teaching aid: Flash cards displayed within a role play.

Session II

1. Quantity and frequency of complementary foods required by children in different age groups (6-9, 10-11, 12-23 and 24-36 months).
 - Balanced or nutritious diet for a young child
 - Advantages of feeding the recommended amount of food at different ages.
 - Benefits of feeding the child recommended number of times in a day at different ages.
 - Suggestion of food exchange list based on local foods.

Teaching aid: Demonstration of various locally prepared foods brought by the BM members. This was followed by a discussion.

2. Quality of complementary foods
 - Including seasonal green leafy vegetables and yellow and orange fruits (examples given) in daily diet of children.
 - Suggestions for incorporating vitamin A and vitamin C rich vegetables in child's diet i.e. adding tomato or lemon in vegetable or pulse.
 - Feeding vegetables and fruits daily to the child - benefits and consequences to the child.

Teaching aid: Flash cards displayed within a role play.

Session III

1. Active feeding

- Sitting with the child while feeding.
- Encouraging the child to eat: narrating stories or singing.
- Feeding in a separate utensil.
- Active feeding behaviours - benefits and consequences to the child.

2. Hygiene practices

- Washing child's as well as mother's hands with soap after child defecation.
- Washing hands (mother/caregiver) before cooking and feeding the child.
- Feeding fresh or adequately heated food (if food has been cooked earlier) to the child.
- Covering cooked food.
- Consequences of not following hygiene practices for the child.

3. Family support

- The child Caring tasks in which grandmother can help the mother – cooking for the child, feeding and keeping the child clean.
- The child Caring tasks in which the father can help the mother – purchasing fruits and vegetables for the child, playing with the child and feeding him/her.
- Benefits of helping the mother in child Care activities.

Teaching aid: Flash cards displayed within a role-play.

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

Nutrition Education Communication Module Evaluation Questionnaire:
Communication of Sessions

તારીખ :
જગ્યા :
સેશન નં. :
ગામનું નામ :
બચત મંડળકાર્યકર્તા નું નામ :

૧. તમને મીટીંગમાં આપેલી માહિતી કેવી લાગી?

- અ) બહુ સારી / ઉપયોગી ()
બ) સારી / થોડી ઉપયોગી ()
ક) ઠીક ઠીક ()

૨. શું તમને માહિતીની ભાષા સમજમાં આવી/સરળ લાગી?

- અ) બરાબર સમજમાં આવી ()
બ) થોડી સમજમાં આવી ()
ક) ના સમજમાં આવી ()

૩. શું તમે મીટીંગમાં આપેલી માહિતી બરાબર સાંભળી શક્યા?

- અ) હા ()
બ) ના ()

૪. શું તમે મીટીંગમાં વપરાયેલા ચિત્રો/કાર્ડ બરાબર જોઈ શક્યા?

- અ) હા ()
બ) ના ()

ANNEXURE 8
DEPARTMENT OF FOODS AND NUTRITION, M.S. UNIVERSITY OF BARODA

Nutrition Education Communication Module Evaluation Questionnaire:
Message Content

Session-I
Exclusive Breastfeeding and Initiation of Complementary Feeding at 6 Months

તારીખ :
જગ્યા :
સેશન નં. :
ગામનું નામ :
બચત મંડળકાર્યકર્તા નું નામ :

૧. બાળકને જન્મ પછી કેટલાં મહીના સુધી ફક્ત માનું ધાવણ આપવું જોઈએ (પાણી પણ નહીં)?

અ) _____ મહીના

બ) કેમ? _____

૨. બાળકને ૬ મહીના પહેલાં પાણી આપવું જોઈએ?

અ) હા () બ) ના ()

૩. જો “હા” તો કેમ?

૪. બાળકને ધાવણ સિવાય ઉપરનો ખોરાક કયા મહીનાથી શરૂ કરવો જોઈએ?

અ) _____ મહીના

બ) કેમ? _____

૫. બાળકને ઉપરનો ખોરાક સમયસર ન શરૂ કરીએ તો શું થાય?

Session-II
Quantity and Quality of Complementary Foods

૧. ૬-૮ મહીનાના બાળકને ધાવણ સિવાય દિવસમાં કેટલી વખત ઉપરનો ખોરાક આપવો જોઈએ?

_____ વખત

૨. દરેક વખતે કેટલી વાટકી ખોરાક ખવડાવવો જોઈએ?

_____ વાટકી

૩. ૧૦-૧૧ મહીનાના બાળકને ધાવણ સિવાય દિવસમાં કેટલી વખત ઉપરનો ખોરાક આપવો જોઈએ?

_____ વખત

૪. દરેક વખતે કેટલી વાટકી ખોરાક ખવડાવવો જોઈએ?

_____ વાટકી

૫. ૧-૩ વર્ષના બાળકને ધાવણ સિવાય દિવસમાં કેટલી વખત ઉપરનો ખોરાક આપવો જોઈએ?

૬. દરેક વખતે કેટલી વાટકી ખવડાવવો જોઈએ?

૭. બાળકનાં રોજિંદા ખોરાકમાં અનાજ ઉપરાંત કયા ખાદ્ય પદાર્થ ઉમેરવા જોઈએ?

કેમ? _____

Session-III Active Feeding and Hygiene

૧. બાળક દિવસમાં વધારે ખાય તે માટે શું ધ્યાન રાખવું જોઈએ?

૨. બાળકને પોતાની થાળીમાં જમાડવું જોઈએ?

અ) હા () બ) ના ()

કેમ? _____

૩. બાળકને જુદી થાળી કે વાટકામાં આપવું જોઈએ?

અ) હા () બ) ના ()

કેમ? _____

૪. બાળકની સ્વચ્છતા કેવી રીતે જાળવવી જોઈએ? ૨ મુખ્ય મુદ્દા જણાવો.

૫. બાળકની સ્વચ્છતા ન જાળવવાથી શું નુકસાન થાય? ૨ મુખ્ય મુદ્દા જણાવો.

Family Support

૧. બાળકનાં દાદીએ બાળકની તંદુરસ્તી અને પોષણ માટે શું શું કરવું જોઈએ? કોઈપણ ૩ મુદ્દા જણાવો.

૨. બાળકનાં પિતા એ બાળકની તંદુરસ્તી અને પોષણ માટે શું શું કરવું જોઈએ? કોઈપણ ૩ મુદ્દા જણાવો.



ANNEXURE 9
DEPARTMENT OF FOODS AND NUTRITION, M.S. UNIVERSITY OF BARODA

Feedback from mothers to Monitor the Performance of Change Agents

Date:

Name of the village:

Name of the mother:

Part A

1) When did the change agent last visit you (approximate date)?

2) During the last visit, what topics did she talk about?

Circle

Specify

1. frequency of complementary feeding
2. quantity of complementary foods to be fed to child
3. feeding vegetables to child
4. feeding fruits to child
5. active feeding
6. hygiene practices after child defecation
7. hygiene practices before child feeding
8. hygiene of food (preparation and storage)
9. any other

3) Did the change agent visit you during the last week?

1. yes
2. no

4) If yes, what topics did she talk about?

Circle

Specify

1. frequency of complementary feeding
2. quantity of complementary foods to be fed to child
3. feeding vegetables to child
4. feeding fruits to child
5. active feeding
6. hygiene practices after child defecation
7. hygiene practices before child feeding
8. hygiene of food (preparation and storage)
9. any other

5) Do you understand whatever the change agent explains/ advises you?

1. yes
2. somewhat
3. no

6) Have you put into practice whatever the change agent asked you to?

1. yes
2. no

7) if yes how?

probe: what specific changes did the mother make

Part B

- 1) Does the change agent fill the checklist during every visit?
 1. yes
 2. no
- 2) Does the change agent show the flash cards, relevant for the respective child to the mother during every visit?
 1. yes
 2. no
- 3) Does the change agent show the flash cards, relevant for the respective child to the mother? Ask: did the change agent show you the flash cards?
 1. yes, all
 2. some (specify no.)
 3. no

ANNEXURE 10

Department of Foods And Nutrition, M. S. University of Baroda, Vadodara.

માતા જોડે મુલાકાત દરમિયાન ભરવાનો ચેકલીસ્ટ

ગામનું નામ :
તમારું નામ :

નોંધ : નીચે આપેલા વ્યવહાર જો માતા ન કરતી હોય તો સંદેશો આપો અને નીચે આપેલા વ્યવહાર જો માતા કરતી હોય તો એને પ્રોત્સાહિત કરો.

નં.	વિષય	માતા-૧	માતા-૨	માતા-૩	માતા-૪	માતા-૫	માતા-૬	અન્ય(નામ)
-	મુલાકાત નં.							
-	મુલાકાતની તારીખ :							
-	બાળકની ઉંમર (મહિના) :							
૧.	બાળકની ઉંમર ૬ મહિના કે વધારે છે અને માતા એ ઉપરી ખોરાક શરુ કર્યો છે.							
(અ)	હા							
(બ)	ના							
૨.	માતા બાળક ને નીચે દર્શાવેલા વખત અને પ્રમાણમાં ખવડાવે છે.							
૧)	૬-૯ મહિના ના બાળક ને માતા દિવસ માં ત્રણ (૩) વધારે) વખત ખવડાવે છે.							
(અ)	હા							
(બ)	ના							

નં.	વિષય	માતા-૧	માતા-૨	માતા-૩	માતા-૪	માતા-૫	માતા-૬	અન્ય (નામ)
૨)	૬-૯ મહિના ના બાળકને, માતા દર વખતે એક વાડકી (કે વધારે) ખવડાવે છે.							
(અ)	હા							
(બ)	ના							
૩)	૧૦-૧૧ મહિનાના બાળકને, માતા દિવસમાં ચાર (કે વધારે) વખત ખવડાવે છે.							
(અ)	હા							
(બ)	ના							
૪)	૧૦-૧૧ મહિનાના બાળકને માતા દર વખતે ડોઢ વાડકી (કે વધારે) ખવડાવે છે.							
(અ)	હા							
(બ)	ના							
૫)	૧-૩ વર્ષ ના બાળકને, માતા દિવસ માં પાંચ કે વધારે વખત ખવડાવે છે.							
(અ)	હા							
(બ)	ના							

નં.	વિષય	માતા-૧	માતા-૨	માતા-૩	માતા-૪	માતા-૫	માતા-૬	અન્ય (નામ)
૬)	૧-૩ વર્ષ ના બાળકને માતા દર વખતે બે વાડકી (કે વધારે) ખવડાવે છે.							
(અ)	હા							
(બ)	ના							
૩.	માતા બાળકને શાક ભાજી ખવડાવે છે?							
(અ)	હા							
(બ)	ના							
૪.	જો હા તો કયા શાકભાજી ખવડાવે છે? નામ લખો.							
૫.	માતા બાળકને ફળ ખવડાવે છે?							
(અ)	હા							
(બ)	ના							
૬.	જો હા તો કયા ફળ ખવડાવે છે? નામ લખો.							
૭.	માતા બાળકને જોડે બેસાડીને ખવડાવે છે?							
(અ)	કા							
(બ)	ના							

નં.	વિષય	માતા-૧	માતા-૨	માતા-૩	માતા-૪	માતા-૫	માતા-૬	અન્ય(નામ)
૮.	માતા બાળકનો આડો /સંહાર સાક કર્યા પછી પોતાના અને બાળકના હાથ સાબૂ અને પાણી થી ધુએ છે.							
(અ)	હા							
(બ)	ના							
૯.	માતા બાળકને ખવડાવતા પહેલા પોતાના અને બાળકના હાથ સાબુ અને પાણીથી ધુએ છે.							
(અ)	હા							
(બ)	ના							
૧૦.	માતા બાળકને તાજો, ઢંકેલો ખોરાક ખવડાવે છે?							
(અ)	હા							
(બ)	ના							

ANNEXURE 11
DEPARTMENT OF FOODS AND NUTRITION, M.S.UNIVERSITY OF BARODA

Checklist for Follow-Up of Mothers Regarding Child Feeding and Caregiving Behaviours

Id.no:

Name of the mother:

Age of the child:

Date:

Name of the village:

Sr. No.	Trial behaviour	Tried behaviour		Modification (specify)	Helped by anyone (specify)	Reasons for not trying/problems experienced	Benefits experienced	Will continue in future	
		Yes	No					Yes	No
1	Child's age is 6 months or more and mother has initiated complementary foods (CF).								
2	Mother feeds child according to frequency & amount given below:								
1)	6-9 months old child is fed 3 times in a day (or more).								
2)	6-9 months old child is fed 1 'katori' (or more) everytime.								
3)	10-11 months old child is fed 4 times in a day (or more).								
4)	10-11 months old child is fed 1 & 1/2 'katori' (or more) everytime.								
5)	1-3 years old child is fed 5 times in a day (or more).								
6)	1-3 years old child is fed 2 'katori' (or more) everytime.								
3	Mother feeds vegetables & green leafy vegetables to the child.								
4	Mother feeds fruits to the child.								

Sr. No.	Trial behaviour	Tried behaviour		Modification (specify)	Helped by anyone (specify)	Reasons for not trying/problems experienced	Benefits experienced	Will continue in future	
		Yes	No					Yes	no
5	Mother practices active feeding.								
6	Mother washes her as well as child's hands with soap after child defecates.								
7	Mother washes her as well as child's hands with soap before feeding the child								
8	Mother feeds fresh and covered food to the child								

ANNEXURE 12
DEPARTMENT OF FOODS AND NUTRITION, M.S. UNIVERSITY OF BARODA

**Interview Schedule for the Mother of the Infant: Child Feeding and Care
Practices (Pre Nutrition Education Communication Intervention)**

- | | |
|------------------------------|--------------------------|
| i) ID. No.: | Date of interview: |
| ii) Name of village: | Time of interview: |
| iii) Name of the respondent: | Name of the interviewer: |

1 BACKGROUND INFORMATION

	Codes	Remarks
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) 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 th standard)	3	
4 secondary (completed 10 th standard)	4	
5 higher secondary (completed 12 th 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) Total family income per month: Rs. _____
- 1.15) 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.

5.3) What should the mother do if she believes that she is not producing enough milk	
1 take special food (specify)	1
2 take medicine	2
3 consult some one (specify)	3
4 start top milk	4
5 start top food	5
6 give breast milk more often	6
7 nothing	7
8 other (specify)	8

6 TOP MILK

6.1) Is the child fed top milk at present	
1 yes	1
2 no	2
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) Complementary foods initiated with?
- 7.5) Types of complementary foods given at present
- 7.6) 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 /amount child demands	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

8.5) How would you feed the <child> (if not giving complementary foods at present)?	
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 /amount child demands	4
5 give food and leave him/her alone to finish the meal	5
6 don't know	6
7 other (specify)	7

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?

ANNEXURE 13
DEPARTMENT OF FOODS AND NUTRITION, M.S. UNIVERSITY OF BARODA

Interview Schedule for the Mother of the Infant: Child Feeding and Care Practices (Post Nutrition Education Communication Intervention)

- | | |
|------------------------------|--------------------------|
| i) ID. No.: | Date of interview: |
| ii) Name of village: | Time of interview: |
| iii) Name of the respondent: | Name of the interviewer: |

1 Recall of NEC Messages

- 1.1 During the NEC sessions/home visits, what messages were imparted to you?
(probe in a neutral way if there is little response and mark that response as *)
- Circle Response
- 1.1.1 Exclusive breast feeding till 6 months (not even water)
 - 1.1.2 Initiation of complementary feeding at 6 months
 - 1.1.3 Frequency of complementary feeding in a day (specify age of the child)
 - 1.1.4 Quantity of complementary foods in a day (specify age of the child)
 - 1.1.5 Feeding vegetables to child
 - 1.1.6 Feeding fruits to child
 - 1.1.7 Active feeding
 - 1.1.8 Hygiene practices after child defecation
 - 1.1.9 Hygiene practices before child feeding
 - 1.1.10 Hygiene of food (preparation and storage)
 - 1.1.11 Any other
- 1.1 Which message/messages did you find the most beneficial?
- 1.2 Why? (probe: beneficial effect on child's food intake, appearance, weight and occurrence of illness)
- 1.3 Which message/messages did you not find useful?
- 1.4 Why?

2 Complementary Feeding

- 2.1) What are the benefits of feeding complementary foods to the <child> at 6 months?
(probe in a neutral way if there is little response)
- | | |
|--|---|
| 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) | |
- 2.2) Do you prepare any special food items for the <child>?
- | | |
|-------|---|
| 1 yes | 1 |
| 2 no | 2 |

Note: Questions to know Breastfeeding and water feeding practices are omitted as none of the infants were below 6 months

- 2.2.1) If yes, what?
- 2.2.2) Why? (probe: what made you decide?)
- 2.3) Do you avoid giving certain foods to the <child>?
- | | |
|-------|---|
| 1 yes | 1 |
| 2 no | 2 |
- 2.3.1) If yes, what?
- 2.3.2) Why? (probe further why is the mother not giving a particular food despite being educated in session)
- 2.4) 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 |

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 /amount child demands | 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 SEEKING 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) Why?

5.4) 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

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)

ANNEXURE 14

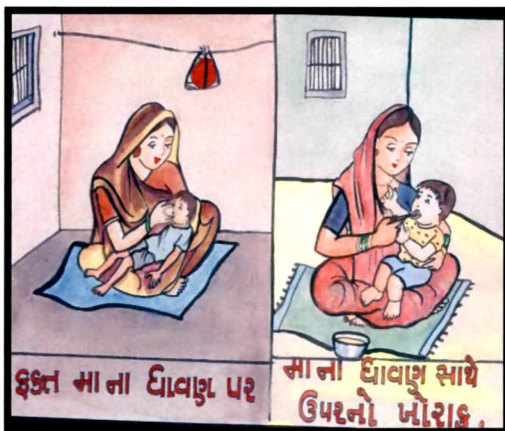
Flash Cards Used for Nutrition Education Communication



Exclusive Breastfeeding Till 6 Months



Initiation of Complementary Feeding at 6 Months



Advantages of Timely Initiation of Complementary Feeding

૬-૯ માસના બાળકને નીચે દર્શાવેલ માથાં ઠીલો-પોથો જોરાક દિવસમાં ત્રણ વાર આપો.		
કયો જોરાક		કુટલા પ્રમાણમાં
ખીચડી ને શાક		એક વારકી
દાળ-ભાત		એક વારકી
ફૂદેલો રોટલો દાળમાં		એક વારકી
બાફેલું, છૂદેલું બટાકું		એક નંગ
કેળું		એક નંગ
રાગ (બાજરાની)		ડોઢ વારકી

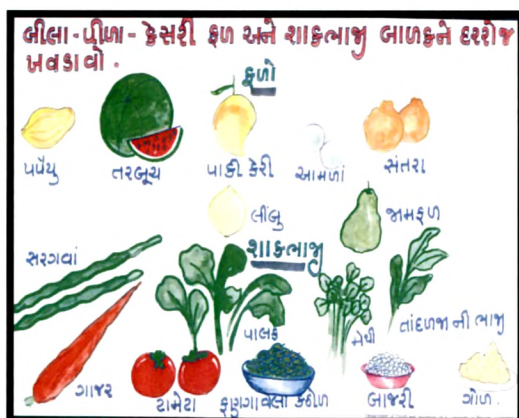
Appropriate Amount and Frequency of Complementary Foods for 6-9 Months Old Child

10-12 માસના બાળકને નીચે દર્શાવેલ માંથી ઘટ્ટ અને પોરો ખોરાક દિવસમાં ૪ વાર આપો.	
કુચો ખોરાક	કુટલા પ્રમાણમાં
ખીચડી શાક	ડોઢ વાટકી
દાળ - ભાત	ડોઢ વાટકી
ફદેલો રોટલો દાળમાં	ડોઢ વાટકી
ફદેલો રોટલો ને શાક	ડોઢ વાટકી
કેળું	ડોઢ નંગ
શીરો	અડધી વાટકી

Appropriate Amount and Frequency of Complementary Foods for 10-11 Months Old Child

1-2 વર્ષના બાળકને દરમો બનતો બધો ખોરાક દિવસ પાંચ વાર આપો. કુટલા પ્રમાણમાં	
કુચો ખોરાક	કુટલા પ્રમાણમાં
ખીચડી શાક	બે વાટકી
દાળ-ભાત	બે વાટકી
રોટલા ને દાળ	બે વાટકી
રોટલા ને શાક	બે વાટકી
કેળું	૨ નંગ
શીરો	એક વાટકી

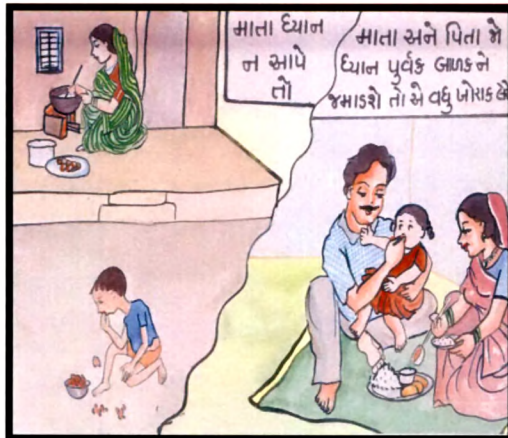
Appropriate Amount and Frequency of Complementary Foods for 12-23 and 24-36 Months Old Child



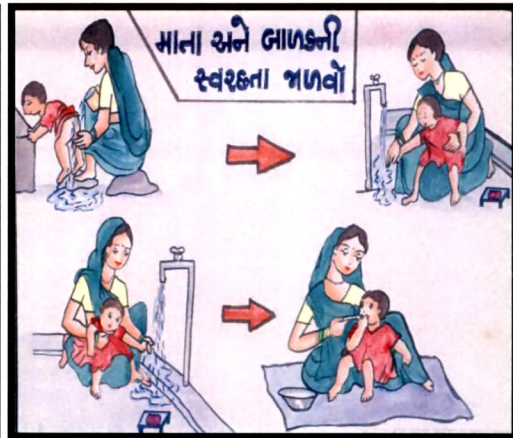
Including Fruits and Vegetables in Child's Diet



Benefits of Fruits and Vegetables



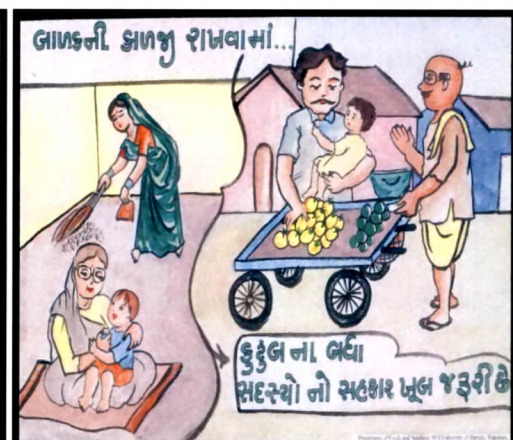
Active Feeding Behaviours



Hygiene Behaviours: Hand Washing with Soap



Safe Preparation and Storage of Foods



Family Support for Child Care

Village selection

The Non Governmental Organization (NGO), which worked in these 27 villages, gave information regarding their population size. Each village had about 1,000 to 1,200 population. Considering approximately 3% of the population as children below 3 years of age, each village was expected to have about 25-30 children. Hence 5 villages would give the required sample and a buffer for dropouts (atleast 125 children).

Thus using simple random sampling 5 villages were randomly selected. In order to be able to cover 5 villages in the 4-5 months available for Study I and considering that IYCF was the focus of the study data collection was carried out for age group of 3-24 months. In these 5 villages all willing and available families were included (hence there was no sampling bias) – this gave a sample size of 106 children (65 boys and 41 girls). This was considered to be adequate for the purpose of the study described above.

ANNEXURE 15 (B)

Rationale for Sample Size for Study II – The Intervention

1. The primary objective in this study was to **compare** the effectiveness (in terms of behaviour change in IYCF and Caregiving practices) of a nutrition-education-communication (NEC) intervention using *bachat mandals* (NEC-BMM) versus a direct intervention carried out by the investigator (doctoral student) (NEC-DIR). This study was deliberately planned as an indepth study to understand factors which enhance and obstruct change in practices among poor rural mothers as regards IYCF and Caregiving, following NEC interventions.
2. Thus, a major emphasis was on process evaluation to document the strengths and weaknesses of *bachat mandal* (BM) members as change agents to improve IYCF and Care in rural areas – this would require extensive follow up and direct observation of these BM members as they carried out the home visits.
3. Besides this, a capacity building workshop to strengthen communication skills was also a primary part of the intervention.
4. Considering all the above and time available for intervention (about 4 months) it was decided to include 3 villages in the intervention study.
5. Since, as mentioned above, the second study was a study in itself with its own pre and post data collection, it was decided to include the 3 intervention villages from the 5 villages of Study I because rapport had been built up in these 5 villages.
 - Village 1 was the NEC-BMM where *bachat mandal* was active. Here all the consenting and available families (n = 32) with children 6-36 months were covered.
 - Villages 2 was the NEC-DIR, a village similar in socio-economic status to village 1 where investigator directly carried out the intervention through home visits. Here all the consenting and available families (n = 30) with children 6-36 months were covered.
 - The control village was randomly selected from the remaining three villages.