

# **Tools for Investigating Infant and Young Child Feeding**

*Compiled by:*



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# **Acknowledgements**

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As the tools are developed and field tested in all this endeavour these keep on modifying and revising to bring out more and more information from mothers on different feeding aspects.

At the outset, we would like to offer our heartfelt thanks to all mothers who patiently provided answers, and without cooperation of whom these tools could have not taken shape as these have today. Then the task of the persons who involved in conducting interviews and collecting information is worth admiring, as they are the sailors of this process.

We are grateful to Dr. Y. P. Gupta, Dr. T. Jindal, Dr. J. P. Dadhich, Dr. B.S. Nagi and Dr. J.C. Sobti for provided the ideas in making this proformas ready to use.

Our very sincere thanks to Amit Dahiya for the design and layout - without his help the report would not have come out in this form.

Both our staff, who worked over weekends and through day and night to put it in the present shape and,

# Preface

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This endeavour of compilation of tools for investigating IYCF is taken as a significant step, contributing the research area for betterment of the nutritional status of children in India. Assessment of infant feeding practices is important to design and execute effective intervention strategies in achieving optimal infant and young child feeding.

With the research studies having data to prove time and again that exclusive breastfeeding is the best preventive measure in reducing childhood mortality, there is a renewed interest in positioning exclusive breastfeeding for the first six months as the key intervention at all levels. In the 10<sup>th</sup> Five Year Plan, the Government of India has set a target to increase the rate of exclusive breastfeeding during the first six months to 80 percent from the current level of 41.2 percent, and to increase the rate of initiation of breastfeeding within one hour to 50 percent from the current level of 15.8 percent. It also targets to increase the rate of complementary feeding for 6-9 months old infants to 75 percent from the current levels of 33.5 percent.

The National Guidelines on Infant and Young Child Feeding, clearly position that optimal infant feeding includes exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond along with appropriate and adequate complementary feeding beginning after six months.

It's necessary to bring the status of infant and young child feeding practices and the reasons behind the prevalent practices, as this data can only leads towards formulating effective intervention strategies to make optimal infant and young child feeding possible.

This compilation will be very useful to programme managers and policy makers NGOs working on child health and maternal health, as well as UN agencies working at the district, state and at national level, and all others concerned to document infant feeding practices in a uniform way while addressing the component of infant and young child feeding (IYCF) in various nutrition, health and development programmes.

# Introduction

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This compilation presents the tools of the quantitative and qualitative study of breastfeeding practices as well as the infant feeding practices in hospitals at district level.

The tools are provided for collecting:

1. Quantitative data on infant feeding practices by interviewing mothers of infants between the ages of 0 - 9 months
2. Quantitative information regarding knowledge of AWWs on different issue of infant feeding.
3. Qualitative data was collected through in-depth interviews of mothers, mothers-in-law, male members (Husband/Fathers-in-law), health workers and others.
4. Infant feeding practices in hospitals through interviews of hospital authorities, store keepers, chemist, and mothers delivered at hospital.
5. Implementation and compliance with the IMS Act through interviews of hospital authorities, chemist shop owners, health workers and mothers.

These tools not only provide a view of infant and young child feeding practices in the community, but also bring light to several reasons that help or hinder in practicing optimal infant feeding practices at the ground level. Finally, it attempts to make recommendations for future action.



## QUANTITATIVE SURVEY ON BREASTFEEDING

### Interview Schedule for Mothers

(0 - 2 months + 29 days)

#### Section 1

- 1   1 State/Country/Province: \_\_\_\_\_ 2 District \_\_\_\_\_
- 3   3 Block: \_\_\_\_\_ 4. Village/Ward \_\_\_\_\_
- 5 Name of the Mother \_\_\_\_\_
- 5  6 Age of the mother \_\_\_\_\_
- 7 Level of Education: \_\_\_\_\_
- 6  1. Illiterate                      2. Just Literate/No formal education                      3. Upto Primary  
4. Upto Middle                      5. Upto Higher Secondary                      6. Upto Graduation  
7. Post Graduation and above
- 7  8 Does the mother work outside the house?                      1. Yes                      2. No  
If yes, What is her job? \_\_\_\_\_
- 8  9 Number of living children of the mother: Total \_\_\_\_\_,  
9   Male \_\_\_\_\_,                      Female \_\_\_\_\_
- 10 Name of the last born Child \_\_\_\_\_
- 11  11 Age of [Name] in months \_\_\_\_\_
- 12  12 Sex [Name]                      1. Male                      2. Female
- 13 Religion
- 13  1. Hindu                      2. Muslim                      3. Sikh                      4. Others (please specify) \_\_\_\_\_
- 14 Caste
- 14  1. SC                      2. ST                      3. OBC                      4. Other (please specify) \_\_\_\_\_
- 15 Family income per month
- 15  1. Rs. 1000                      2. 1000-2000 Rs.                      3. 2000-5000 Rs.                      4. above 5000 Rs.

## Section 2

- 16  1 Did you have checkup during pregnancy?  
1. Yes 2. No
- 17  2 If yes, By whom?  
1. Doctor 2. ANM/Nurse 3. TBA 4. Other (specify) \_\_\_\_\_
- 18  3. Did anybody give you advice/guidance counseling on breastfeeding during checkup?  
1. Yes 2. No
- 19  If yes, What was the content of this? \_\_\_\_\_
- 20  4. Where was the child [Name] born?  
1. Home 2. PHC/CHC 3. Govt. Hospital 4. Pvt. Hospital  
5. Other (Specify) \_\_\_\_\_
- 21  5. Type of delivery?  
1. Normal 2. Caesarian 3. Forceps

## Section 3

- 22  1. After how much time after the birth of the child you started breastfeeding?  
1. Within one hour 2. 1-4 hours 3. 5-12 hours  
4. 13-24 hours 5. More than 24 hours.
- 23  2. Was anything given to the child [name] before starting the breastfeeding?  
1. Yes 2. No
- 24  3 If yes, what was given: (*More than one answer could be possible*)  
1. Water 2. Artificial milk 3. Powder/tinned milk
- 25  4. Sugar Water 5. Tea/Coffee 6. Gutti
- 26  7. Honey 8. Glucose 9. Gur
- 27  10. Other (Specify) \_\_\_\_\_
- 28  4 If No in question 2, who told you not to give?  
1. Doctor 2. ANM/AWW/Nurse 3. Mother-in-law  
4. Dai 5. Husband 6. Other (Specify) \_\_\_\_\_
- 29  5 How many times did you breastfeed yesterday during the day? \_\_\_\_\_
- 30  6 How many times did you breastfeed last night? \_\_\_\_\_
- 31  7 For how many months you plan to breastfeed [name]? \_\_\_\_\_

8. **Since this time yesterday**, did [name] receive any of the following items of food? (**read out every item and record**)

	ITEM	Yes	No
32	<input type="checkbox"/> Mother's Milk	1	2
33	<input type="checkbox"/> Plain Water	1	2
34	<input type="checkbox"/> Sweetened Water with Sugar/Gur/Glucose/Honey	1	2
35	<input type="checkbox"/> Fruit Jice/Aereated Drinks	1	2
36	<input type="checkbox"/> Tea/Coffee	1	2
37	<input type="checkbox"/> Cow/Goat/Buffalo Milk	1	2
38	<input type="checkbox"/> Powder/tinned milk	1	2
39	<input type="checkbox"/> Others medicated fluids	1	2
40	<input type="checkbox"/> Solid or semi-solid (mushy) food	1	2
41	<input type="checkbox"/> Any other (Specify)_____	1	2

9 Did [name] receive any of the following item of food or drink from birth to up till now? **Read out every item and ask**

	ITEM	Starting Age (Month)	Yes	No	Regularly	Sometimes
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mother's Milk		1	2	1	2
45	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plain Water		1	2	1	2
48	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sweetened Water with Sugar/ Gur/Glucose/Honey		1	2	1	2
51	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruit Juice/Aereated Drinks		1	2	1	2
54	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tea/Coffee		1	2	1	2
57	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cow/Goat/Buffalo Milk		1	2	1	2
60	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Powder/tinned Milk		1	2	1	2
63	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others medicated fluide		1	2	1	2
66	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Solid or semi-solid (mushy) food		1	2	1	2
69	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other (Specify)_____		1	2	1	2

- 73  10. Did [name] drink anything from a bottle with a nipple since birth?  
1. Yes      2. No
- 74  11. At what age did [name] start receiving solid/semi-solid/mushy foods on a regular basis, i.e. daily/ \_\_\_\_\_ (in months)
- 75  12. If the child [name] is taking solid/semi-solid/mushy foods, please tell how many times during the last 24 hours? \_\_\_\_\_

#### Section-4

- 76  1) Should mother take extra diet while breastfeeding?  
1. Yes                      2. No
- 77  2) Does breastfeeding help in reducing the weight of mother?  
1. Yes                      2. No
- 78  3) Does the practice of giving prelacteal feeding like Ghutti, Gur, water delay starting of breastfeeding?  
1. Yes                      2. No
- 79  4) Should mother start feeding the child every time from different breast?  
1. Yes                      2. No
- 80  5) How should mother feed the child  
i) On time schedule  
ii) On demand day and night
- 81  6) Should mother continue to feed the child even when she is pregnant again?  
1. Yes                      2. No
- 82  7) In situations like cracked nipple/engorgement how you will feed your child?  
i) By expressing milk from breast through spoon  
ii) Give some other milk
- 83  8) Does breastfeeding help in delaying the next pregnancy?  
1. Yes                      2. No

Name of the Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_\_





## QUANTITATIVE SURVEY ON BREASTFEEDING

### Interview Schedule for Mothers

(3 - 5 months + 29 days)

#### Section 1

- 1   1 State/Country/Province: \_\_\_\_\_ 2 District \_\_\_\_\_
- 3   3 Block: \_\_\_\_\_ 4. Village/Ward \_\_\_\_\_
- 5 Name of the Mother \_\_\_\_\_
- 5  6 Age of the mother \_\_\_\_\_
- 7 Level of Education: \_\_\_\_\_
- 6  1. Illiterate                      2. Just Literate/No formal education                      3. Upto Primary  
4. Upto Middle                      5. Upto Higher Secondary                      6. Upto Graduation  
7. Post Graduation and above
- 7  8 Does the mother work outside the house?                      1. Yes                      2. No  
If yes, What is her job? \_\_\_\_\_
- 8  9 Number of living children of the mother: Total \_\_\_\_\_,  
9   Male \_\_\_\_\_,                      Female \_\_\_\_\_
- 10 Name of the last born Child \_\_\_\_\_
- 11  11 Age of [Name] in months \_\_\_\_\_
- 12  12 Sex [Name]                      1. Male                      2. Female
- 13 Religion
- 13  1. Hindu                      2. Muslim                      3. Sikh                      4. Others (please specify) \_\_\_\_\_
- 14 Caste
- 14  1. SC                      2. ST                      3. OBC                      4. Other (please specify) \_\_\_\_\_
- 15 Family income per month
- 15  1. Rs. 1000                      2. 1000-2000 Rs.                      3. 2000-5000 Rs.                      4. above 5000 Rs.

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1. Yes 2. No
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- 18  3. Did anybody give you advice/guidance counseling on breastfeeding during checkup?  
1. Yes 2. No
- 19  If yes, What was the content of this? \_\_\_\_\_
- 20  4. Where was the child [Name] born?  
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5. Other (Specify) \_\_\_\_\_
- 21  5. Type of delivery?  
1. Normal 2. Caesarian 3. Forceps

## Section 3

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- 23  2. Was anything given to the child [name] before starting the breastfeeding?  
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- 24  3 If yes, what was given: (*More than one answer could be possible*)  
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- 25  4. Sugar Water 5. Tea/Coffee 6. Gutti
- 26  7. Honey 8. Glucose 9. Gur
- 27  10. Other (Specify) \_\_\_\_\_
- 28  4 If No in question 2, who told you not to give?  
1. Doctor 2. ANM/AWW/Nurse 3. Mother-in-law  
4. Dai 5. Husband 6. Other (Specify) \_\_\_\_\_
- 29  5 How many times did you breastfeed yesterday during the day? \_\_\_\_\_
- 30  6 How many times did you breastfeed last night? \_\_\_\_\_
- 31  7 For how many months you plan to breastfeed [name]? \_\_\_\_\_

8. **Since this time yesterday**, did [name] receive any of the following items of food? (**read out every item and record**)

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37	<input type="checkbox"/> Cow/Goat/Buffalo Milk	1	2
38	<input type="checkbox"/> Powder/tinned milk	1	2
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40	<input type="checkbox"/> Solid or semi-solid (mushy) food	1	2
41	<input type="checkbox"/> Any other (Specify)_____	1	2

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- 73  10. Did [name] drink anything from a bottle with a nipple since birth?  
1. Yes      2. No
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- 80  5) How should mother feed the child  
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- 81  6) Should mother continue to feed the child even when she is pregnant again?  
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- 82  7) In situations like cracked nipple/engorgement how you will feed your child?  
i) By expressing milk from breast through spoon  
ii) Give some other milk
- 83  8) Does breastfeeding help in delaying the next pregnancy?  
1. Yes                      2. No

Name of the Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_\_



## QUANTITATIVE SURVEY ON BREASTFEEDING

### Interview Schedule for Mothers

(6 - 8 months + 29 days)

#### Section 1

- 1   1 State/Country/Province: \_\_\_\_\_ 2 District \_\_\_\_\_
- 3   3 Block: \_\_\_\_\_ 4. Village/Ward \_\_\_\_\_
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57	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cow/Goat/Buffalo Milk		1	2	1	2
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1. Yes                      2. No
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1. Yes                      2. No
- 79  4) Should mother start feeding the child every time from different breast?  
1. Yes                      2. No
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i) On time schedule  
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- 81  6) Should mother continue to feed the child even when she is pregnant again?  
1. Yes                      2. No
- 82  7) In situations like cracked nipple/engorgement how you will feed your child?  
i) By expressing milk from breast through spoon  
ii) Give some other milk
- 83  8) Does breastfeeding help in delaying the next pregnancy?  
1. Yes                      2. No

Name of the Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_\_



## QUALITATIVE SURVEY ON INFANT AND YOUNG CHILD FEEDING (GUIDELINE)

The main **aim** of undertaking qualitative study is to understand the barriers of optimal breastfeeding practices. Qualitative study also helps in finding out some of the positive factors on which health workers can build on their efforts to motivate mothers and other stake holders (in the family and community) in promoting appropriate breastfeeding practices.

The qualitative study is based on **In-depth interviews**. The information gathered from in-depth interviews would be of great help especially in designing the interventions to improve knowledge, attitude and practice related to optimal breastfeeding. The in-depth interviews will be conducted among -

- breastfeeding mothers,
- currently pregnant women
- Mother – in- laws

The in-depth interview will cover the following **issues** -

- A. Knowledge on appropriate breastfeeding practices e.g. initiation, colostrum feeding, exclusive breastfeeding and introduction of supplementary feeding (mothers of infants, pregnant women and mother-in-laws)
- B. Exact practices adopted for the infants (recently delivered mothers or those having child less than 4 months) and exploring reasons for adoption of both favorable as well as unfavorable infant feeding practices
- C. Visualizing factors which can be used as a starting point to promote healthy practices
- D. Identifying factors which will generate or strengthen community and familial support for mothers to adopt appropriate breastfeeding practices
- E. Identification of key stakeholders at the community level (TBAs, influential women, women's group or forum etc., which can be targeted for promotion of appropriate breastfeeding practices at the community level.

Following **Steps** may be adopted to conduct in-depth interview in a district –

**In rural areas** – Select two villages from one of the block of the district. The block may be same one, where quantitative survey was undertaken, however, select two villages preferably other than the surveyed villages. The selected two villages may be different in terms of remoteness from the headquarter or nearest town, class and ethnic group and any other characteristics which you may think is appropriate in distinguishing the two villages.

**In urban areas**, two locality of a city preferable with different socio-economic status should be selected.

In each of the selected villages / urban locality, following number of persons should be approached for **in-depth** interviews of different categories of the respondents –

Mothers of infant 0 – 6 months	: 3 mothers
Pregnant women	: 2 pregnant women
Mother – in – law	: 1 mothers – in – law
Others	: 1 Husband / father – in – law
Community workers	: 1 or 2

### **Report**

Major efforts should be devoted to articulate the findings of the in-depth interviews. The findings should explore how the breastfeeding practices differ from rural to urban areas, what factors influence the adoption of appropriate or inappropriate practices or they do not differ at all.

A typical report based on the checklist provided below would have the following major sections:

- I. Objective of the qualitative study and brief background of the study area and the characteristics of the persons included for in-depth interviews.
- II. Findings / observations –
  - related to general knowledge level of each of the component of breastfeeding (initiation, colostrum feeding, exclusiveness etc), whether the knowledge differ among different categories of the respondents or from rural to urban areas
  - Current practices adopted by the mother and main reasons / barriers for adoption
  - Describe general believes, myths prevailing in the society
  - Whether mothers – in – law or other persons have any influential role,
  - Is there any diverse kind of messages spreading around by different categories of health professionals
- III. Conclusions – Given the scenario in a particular district, what can be done at the
  - Familial level
  - Community level
  - Service provider level – government as well as private
  - Media level

Any other suggestion for the promotion of appropriate breastfeeding practices.

# QUALITATIVE SURVEY ON INFANT AND YOUNG CHILD FEEDING

## Format for conducting in-depth interviews (MOTHERS OF INFANT 0 –6 MONTHS)

Village / urban locality: \_\_\_\_\_ Block/Ward: \_\_\_\_\_ District : \_\_\_\_\_

*Probe and then record*

<b>Background information</b>	
<ul style="list-style-type: none"><li>▪ Name :</li><li>▪ Age (in years) :</li><li>▪ Education :</li></ul>	<ul style="list-style-type: none"><li>▪ No. of living children- Boys____ Girls ____</li><li>▪ Sex - Boy / Girl</li><li>▪ Age of the infant (months)</li></ul>
<b>Knowledge on Breastfeeding</b>	
When the infant should start breastfeeding?	
Why ?	
Whether pre-lacteal feeding should be given to babies,	
If yes why?	
How long infant should be breastfed, probe the duration for	
Only breast milk, why?-	
Breast milk with water, why?-	
Breast milk with other food and supplements, why?-	

Complementary feeding should be started at what age, why?

The complementary feeding should consist of what items, why?

The frequency of these items, why?

**Current breastfeeding practices**

When you started breastfeeding?

If delayed, why?

If at desired time, who advised for this?

Did any thing given to baby other than breast milk since birth?

If yes, what, why?

Its quantity and frequency?

Whether faced any problems in initiation and continuation of breastfeeding?

What problem?

What support is needed to overcome the problem?

Do the amount of milk is perceived to be sufficient?

If no, perceived corrective action by the mothers?

Whether mother have been advised on breastfeeding practices by any one?

If yes, from whom and type of advice received from each one of them?

Is there any change in the breastfeeding practices adopted for older siblings?

If yes, what changes and why?

**Strengthening capacity of the mother for optimal breastfeeding practices**

What sort of information regarding breastfeeding may be helpful for the mother?

Who would be the appropriate person to provide the information on breastfeeding?

What help/support is needed by mother to follow appropriate breastfeeding practices?

Thank You

# QUALITATIVE SURVEY ON INFANT AND YOUNG CHILD FEEDING

## Format for conducting in-depth interviews (PREGNANT WOMEN)

Village / urban locality: \_\_\_\_\_ Block/Ward: \_\_\_\_\_ District : \_\_\_\_\_

*Probe and then record*

Background information	
<ul style="list-style-type: none"><li>▪ Name :</li><li>▪ Age (in years) :</li><li>▪ Education :</li></ul>	<ul style="list-style-type: none"><li>▪ No. of living children- Boys____ Girls ____</li><li>▪ Sex - Boy / Girl</li><li>▪ Age of the infant (months)</li></ul>
Knowledge on Breastfeeding	
When the infant should start breastfeeding?  Why ?	
Whether pre-lacteal feeding should be given to babies,  If yes why?	
How long infant should be breastfed, probe the duration for  Only breast milk, why?-  Breast milk with water, why?-  Breast milk with other food and supplements, why?-	
Complementary feeding should be started at what age, why?  The complementary feeding should consist of what items, why?  The frequency of these items, why?	

**Future intentions regarding breastfeeding practices**

Whether you have received any advise on breastfeeding practices as a part of your ANC care?

If yes, from whom and type of advice received from each one of them?

If faced with any problems in initiation and continuation of breastfeeding, whom would you approach and why?

**If the woman has living children, probe about the breastfeeding practices of youngest child.**

When she had first put the baby to the breast, why?

How long continued exclusive breastfeeding was given, why?

How long Breastfeeding with water, why?

How long Breastfeeding with other food and supplements, why?

At what age complementary feeding was started in the last child?

What type of food was given and its frequency?

**Strengthening capacity of the woman for optimal breastfeeding practices**

What sort of information may be helpful for her?

Who would be the appropriate person to provide the information on breastfeeding?

What sort of support/help is needed to follow appropriate breastfeeding practices?

Thank You

# QUALITATIVE SURVEY ON INFANT AND YOUNG CHILD FEEDING

## Format for conducting in-depth interviews (MOTHER – IN – LAW / FATHER – IN – LAW / HUSBANDS)

Village / urban locality: \_\_\_\_\_ Block/Ward: \_\_\_\_\_ District : \_\_\_\_\_

*Probe and then record*

<b>Background information</b>	
<ul style="list-style-type: none"><li>▪ Name :</li><li>▪ Age (in years) :</li><li>▪ Education :</li></ul>	<ul style="list-style-type: none"><li>▪ No. of living children- Boys____ Girls ____</li><li>▪ Sex - Boy / Girl</li><li>▪ Age of the infant (months)</li></ul>
<b>Knowledge on Breastfeeding</b>	
Do you think breastfeeding an infant is important?	
What are the advantages of breastfeeding an infant?	
Ideally when the infant should be put on breastfeeding after birth?	
Why?	
Whether the infant should be fed with other liquid before starting breastfeeding?	
What liquid is customarily given to infant in your society,	
Why these liquid are given?	
How long an infant should be given only breast milk, why?	



How long an infant should be given breast milk with water, why?

How long an infant should be given breast milk with other liquids, why?

What kind of support you may like to provide the breastfeeding mother in your family?

Complementary feeding should be started at what age, why?

The complementary feeding should consist of what items, why

What is the frequency of these complementary feeding, why?

Would you approve that latest information on optimal breastfeeding should be imparted to the nursing mother in your family?

From whom this knowledge should be imparted?

**Probe from Mother – in – law**

What support/help is needed to practice optimal infant feeding practices by the mother?

Would you be willing to support the mother in follow-up of appropriate breastfeeding practices in your community?

**Thank You**

# QUALITATIVE SURVEY ON INFANT AND YOUNG CHILD FEEDING

## Format for conducting in-depth interviews (COMMUNITY HEALTH / NUTRITION / OTHER WORKERS)

Village / urban locality: \_\_\_\_\_ Block/Ward: \_\_\_\_\_ District : \_\_\_\_\_

*Probe and then record*

<b>Background information</b>	
<ul style="list-style-type: none"><li>▪ Name :</li><li>▪ Age (in years) :</li><li>▪ Education :</li></ul>	<ul style="list-style-type: none"><li>▪ No. of living children- Boys____ Girls ____</li><li>▪ Sex - Boy / Girl</li><li>▪ Age of the infant (months)</li></ul>
<b>Knowledge on Breastfeeding</b>	
Are you doing any thing to promote breastfeeding?	
If yes, what?	
Do you think breastfeeding an infant is important?	
What are the advantages of breastfeeding an infant?	
Ideally when the infant should be put on breastfeeding after birth?	
Why?	
How long an infant should be given only breast milk, why?	
How long an infant should be given breast milk with water, why?	
How long an infant should be given breast milk with other liquids, why?	

In your opinion, whether any pre-lacteal should be given to infants?

If, no, why community member insist on pre-lacteal?

Do you advice them for not giving it?

If yes, has your effort has any impact on the ongoing practices?

Complementary feeding should be started at what age, why?

The complementary feeding should consist of what items, why?

The complementary feeding should be given in what frequency, why?

For how long breastfeeding should be continued with complementary feeding, why?

What kind of support you may like to provide the breastfeeding mother in your community?

Would you like to have latest art or technique on breastfeeding which will help you in convincing community members?

From whom this knowledge should be imparted?

Thank You

Sr. No.....

## Infant Feeding Practices in Hospitals

### 1) Identification Particulars

- 1.1 State/ District \_\_\_\_\_
- 1.2 Name & address of Hospital \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 1.3 Type of Hospital BFHI (1) / Non BFHI (2)
- 1.4 Ownership of Hospital Govt. (1) / Non Govt. (2)
- 1.5 Category of Hospital Estimated No. of Deliveries in a year  
>1000 (1) / 250-1000 (2) / <250(3)
- 1.6 Date of Survey \_\_\_\_\_

### SIGNATURES

NAME OF INVESTIGATOR \_\_\_\_\_

NAME OF SUPERVISOR/ \_\_\_\_\_

PROFORMA CHECKED BY \_\_\_\_\_

Sr. No \_\_\_\_\_

## Interview schedule for Doctor

*(Junior most pediatric resident doctor or duty medical officer looking after post neonatal ward)*

**(Please Encircle Your Responses)**

### 2) General particulars and experience

2.1. Name of the Doctor	_____	
2.2. Total number of years experience after internship	_____ yrs.	
2.3. Do you have any specialisation? <i>(If 'no', go to 2.5)</i>	Yes (1)	No (2)
2.4. If yes, in what?	_____	
2.5. Have you had any in-service training in breastfeeding lactation management? <i>(If 'no', go to 3.01)</i>	Yes (1)	No (2)
2.6. If yes in 2.5, provide the following. 1. Duration of training 2. Place of training	_____ Hours _____ _____	

### 3) Breastfeeding practices

3.01. Does your hospital have a breastfeeding policy? <i>(If answer is (2) or (3), go to 3.03)</i>	Yes (1)	No (2)	Don't Know (3)
3.02. If yes, how frequently it is communicated to all health care staff?	Weekly(1) Monthly(3) Not at all(5)	Fortnightly(2) Rarely(4)	
3.03. Do you teach mothers how to express their breastmilk?	Yes (1)	No (2)	
3.04. Do you recommend prelacteal feeds?	Yes (1)	No (2)	
3.05. What do you advice when encounter the following problems during breastfeeding?			
<u>Problems</u>	<u>Advice</u>		
(i). Sore or cracked nipple	BF cont. (1)	BF Stop (2)	
(ii). Insufficient Milk	_____	_____	
(iii). Breast Engorgement	_____	_____	
(iv). Retracted or inverted nipples	_____	_____	
(v). Breast Abscess	_____	_____	

<p>3.06. How do you handle the following problems? (Encircle the responses)</p>
<p>i. <b>Sore nipples</b></p> <ol style="list-style-type: none"> <li>1. Apply some creams</li> <li>2. Pain killers</li> <li>3. Antibiotics</li> <li>4. Reposition the baby</li> <li>5. Any other, specify _____</li> </ol> <p>ii. <b>Insufficient milk</b></p> <ol style="list-style-type: none"> <li>1. Prescribe supplemental milk</li> <li>2. Investigate if it is real or apparent</li> <li>3. Counsel the mother to increase breastmilk supply</li> <li>4. Build her confidence</li> <li>5. Prescribe drugs e.g. Perinorm</li> <li>6. Any other (specify) _____</li> </ol> <p>iii. <b>Breast Abscess</b></p> <ol style="list-style-type: none"> <li>1. Stop breastfeeding + Incision &amp; Drainage</li> <li>2. Continue breastfeeding + Incision &amp; Drainage</li> <li>3. Give antibiotics only</li> <li>4. Any other (Specify) _____</li> </ol> <p>iv. <b>Breast engorgement:</b></p> <ol style="list-style-type: none"> <li>1. Express breastmilk</li> <li>2. Hot fomentation</li> <li>3. Prescribe antibiotics</li> <li>4. Stop breastfeeding</li> <li>5. Encourage unrestricted breastfeeding</li> <li>6. Any other specify _____</li> </ol> <p>v. <b>Inverted nipples</b></p> <ol style="list-style-type: none"> <li>1. Advise to use nipple shield</li> <li>2. Try to correct with syringe suction method</li> <li>3. Any other (Specify) _____</li> </ol>
<p>3.07. Where do you usually keep the newborn baby after delivery?</p> <p>With the mother(1)      Separate in the nursery(2)      With mother on separate bed(3)</p> <p><i>(If answer is (1) or (3), go to 3.09)</i></p>
<p>3.08. Under which situations do you keep the newborn baby in separate nursery?</p> <p>Caesarian delivery(1)      Infant complication(2)      Low birth weight baby(3)</p> <p>Preterm birth (4)      Any other, specify(5)_____</p>

3.09. How soon after delivery is the baby given to the mother in the following situations in your hospital?			
(i) Normal delivery			_____ hrs
(ii) Caeserian delivery			_____ hrs
(iii) Forceps delivery			_____ hrs
3.10. After how many hours of delivery newborn baby is put to breastfeeding in the following situations?			
i. Normal delivery			_____ hrs
ii Caesarian delivery (after mother wakes up )			_____ hrs
iii. Forceps delivery			_____ hrs
3.11. How frequently do you think that a newborn baby should be breastfed?			
On demand(1)	On Time schedule(2)	Both(3)	
3.12. Does your hospital ask mothers to bring infant milk formula, feeding bottles and infant foods when they come for delivery? Yes(1) No(2) (If 'no', go to 3.14)			
3.13. If yes in 3.12, provide the following information:			
Items	Yes(1)	No(2)	If yes, Brand preferred
i. Infant Milk Formula	_____	_____	_____
ii. Feeding Bottle	_____	_____	_____
iii. Infant foods	_____	_____	_____
3.14. Do the mothers usually start giving water or anything else to drink or eat other than breastmilk after putting him/her to breastfeeding during their stay in hospital?			
<i>If yes , (a) What is given?</i>	Yes(1)	No(2)	<i>If yes, is it given with Bottle?</i>
<input type="checkbox"/> Plain water	_____	_____	_____
<input type="checkbox"/> Sugar/Honey /Jaggery	_____	_____	_____
<input type="checkbox"/> Juice	_____	_____	_____
<input type="checkbox"/> Tea	_____	_____	_____
<input type="checkbox"/> Fresh milk	_____	_____	_____
<input type="checkbox"/> Tinned/Powdered milk	_____	_____	_____
<input type="checkbox"/> Any other liquid (specify)	_____	_____	_____
(b) Who advises?	Self(1)/Nurse(2)/Doctor(3)/Mother(4)/ Mother in law(5)Any other relative (6)Neighbour or friends(7)		

3.15.	Has your facility any material to educate the mothers for promotion of breastfeeding? Yes(1)                  No(2)                  Don't know(3) <i>(If answer is (2) or (3), go to 3.17)</i>
3.16.	If yes in 3.15, i. How do you educate the mothers through these materials? Distribution(1)          display(2)          both(3)          Don't educate(4) <i>(Collect a copy of such material, if available, otherwise note the contents and type of material)</i> _____ _____ _____ ii who supplies these materials? Formula company(1)          Govt.(2)          Voluntary organisation(3) Local Person(4)          Health staff of Hospital(5)          Any other specify(6)_____ Don't know(7)
3.17.	If no in 3.15, how do you educate them? Individually(1)          group meetings(2)          Both (3)          Don't educate(4)
3.18.	3.18. In those cases where some supplementary feed is medically indicated, do you provide written prescription? Yes, always(1)          Yes, Some times(2)          Yes, rarely(3)          Not at all(4)
3.19.	Do you advise mothers to come for follow up support for breastfeeding mothers at time of discharge from hospital?                  Yes (1)                  No(2)
3.20.	If yes in 3.19 please describe what kind of support is available? _____

**4) Infant Milk Substitutes (IMS), Feeding Bottles(FB) and Infant Food(IF) (IMS Act)**

4.01.	Does your hospital have a policy on the display and promotion of breastmilk substitutes, bottles or teats, directly or indirectly, through company posters, materials, free offers etc? Yes(1)                  No(2)                  Don't know(3) <i>(If answer is (2) or (3), go to 4.03)</i>
4.02.	If yes in 4.01, please describe. _____
4.03.	4.03 Does your hospital have a policy regarding donations by manufacturers and distributors any educational materials? Yes(1)                  No(2)                  Don't know(3) <i>(If answer is (2) or (3), go to 4.05)</i>
4.04.	4.04 If yes in 4.03, i. Please describe. _____ ii. If donations of materials are made, do they bear product names or information about any products manufactured by the company or company logo Yes(1)                  No(2)



4.05.	Does your facility have a policy concerning the provision of samples or gifts to pregnant women or new mothers (e.g. Infant formula, feeding bottles, teats, baby items or toys bearing company name, logo or any message)? Yes(1)                      No(2)                      Don't know(3) <i>(If answer is (2) or (3), go to 4.07)</i>
4.06.	If yes in 4.05, please describe. _____
4.07.	Do personnel from manufacturers of products have any contact with mothers at your hospital? Yes(1)                      No(2)                      Don't know(3)
4.08.	Is any mother at any time provided or paid for any purpose by manufacturers? Yes(1)                      No(2)                      Don't know(3)
4.09.	How is the facility and its staff informed by the manufacturers of new or existing products? _____ _____
4.10.	Who decides which products will be used in the facility? _____
4.11.	How is the decision taken? _____
4.12.	How often is the decision reviewed? _____
4.13.	What products are currently used in your facility? _____
4.14.	How are the products used by your facility? _____
4.15.	Does the facility receive some or all of its infant formula, feeding bottles or teats through donations or at subsidized prices? Yes(1)                      No(2)                      Don't know(3)
4.16.	Have manufacturers or distributors ever supported anyone including you in the following? <i>If yes , (a) What is given?</i>
	Yes(1)                      No(2)                      Don't Know(3)
i.	Fellowships                      _____                      _____                      _____
ii.	Study tours                      _____                      _____                      _____
iii.	Conference attendance                      _____                      _____                      _____
iv.	In-service seminars                      _____                      _____                      _____
v.	Free Distribution of books                      _____                      _____                      _____
vi.	Sponsorship of clinical meeting                      _____                      _____                      _____
	of the hospital or medical association
4.17.	If yes in 4.16 for any of the above, please give details _____
4.18.	Do you know about the existence of the law to protect breastfeeding in India (IMS act 1992)? Yes (1)                      No(2)



(specify).....(6)/Don't know(7)

(b)How do you educate the mother through these materials?

Distribution(1)/Display(2)/Both(3)/Do not educate(4)

3.06 If no in 3.04, how do you educate mothers for promotion of breastfeeding?

Individual talk(1)/Group meeting(2)/Both(3)Do not educate(4)

3.07 Do you recommend prelacteal feeds?

Yes(1)/No(2)

3.08 Which milk do you think is better for newborn baby?

Breastmilk(1)/Any tinned milk (2)/Animal Milk/dairy milk(3)

3.09 Why do you think so?

1. -----
2. -----
3. -----
4. -----

3.10 What do you advice, if the mother is having the following problems during breastfeeding?

	<u>Problems</u>	<u>BF cont.</u> (1)	<u>Advice</u> BF Stop(2)
i.	Sore or cracked nipple	-----	-----
ii.	Insufficient Milk	-----	-----
iii.	Breast Engorgement	-----	-----
iv.	Retracted or inverted nipples	-----	-----
v.	Breast Abscess	-----	-----

3.11 How do you handle the following problems? (Encircle the responses)

i. **Sore nipples**

1. Apply some creams
2. Pain killers
3. Antibiotics
4. Reposition the baby
5. Any other, specify-----

ii. **Insufficient milk**

1. Prescribe supplemental formula
2. Investigate if it is real or apparent
3. Counsel the mother to increase breastmilk supply
4. Build her confidence
5. Prescribe drugs e.g. Perinorm
6. Any other (specify) -----



Breast Milk(1)/Fresh water(2)/Glucose water(3)  
 /Honey(4) /Fresh milk(5)/Tinned or powdered  
 milk(6)/Any other, specify (7)-----

3.17 How frequently do you think that a newborn baby should be breastfed?

On demand(1)/On Time schedule(2)/Both (3)

Does your hospital ask mothers to bring infant milk formula or feeding bottles or infant foods  
 when they come for delivery? Yes(1)/No(2)

(If 'no', go to 3.20)

3.18 If yes, provide the following information:

Items	Yes(1)	No(2)	If yes, Brand preferred
i. Infant Milk Formula	-----	-----	-----
ii. Feeding Bottle	-----	-----	-----
iii Infant foods	-----	-----	-----

3.19 Do the mothers usually start giving water or anything else to drink or eat other  
 than breast milk after putting him/her to breastfeeding during their stay in  
 hospital?

(If 'no', go to section IV – Newborn Care)

Yes(1)/No(2)

If yes, (a) What is given?

	Item given		Given with bottle	
	Yes(1)	No(2)	Yes(1)	No(2)
<input type="checkbox"/> Sugar/Honey /Jaggery	-----	-----	-----	-----
<input type="checkbox"/> Juice	-----	-----	-----	-----
<input type="checkbox"/> Tea	-----	-----	-----	-----
<input type="checkbox"/> Fresh milk	-----	-----	-----	-----
<input type="checkbox"/> Tinned/Powdered milk	-----	-----	-----	-----
<input type="checkbox"/> Any other liquid (specify)-----	-----	-----	-----	-----

(b) Who advises?

Self(1)/Nurse(2)/Doctor(3)/Mother(4)Mother in  
 law(5)Any other relative(5)/Neighbour or friend(7)

3.20. After how many hours after birth a baby is breastfeeding is initiated in your hospital?

- i. Normal delivery
- ii. Caesarian delivery
- iii. Forceps delivery

3.22 Do you explain to mothers how to breastfed?

Yes(1)/No(2)

3.23 Do you tell mothers about initiation of juice/tea/other foods to babies?

Yes(1)/No(2)

3.24 If yes at what age?

-----months

**4. Infant Milk Substitutes, Feeding Bottles and Infant Foods, Supply, Distribution and Promotion**

4.1 Have you got any posters/wall charts material displayed in or around the premises of the hospital regarding promotion of infant feeding? Yes(1)/No(2)

*(Interviewer should verify whether there is any such material displayed in the premises of the hospital or around it. If yes, collect a copy of the same, if possible, otherwise note down the contents and type of material)*

---

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4.2 Have you or any staff member ever received any incentives, such as, free samples, gifts and discount etc. from the manufacturers or distributors in last 6 months?

Yes(1)/No(2)/Don't know(3)

4.3 Does your hospital allow any infant formula manufacturer/distributor/salesman to contact mothers in the hospital? Yes(1)/No(2)/Don't know(3)

4.4 Do you know about the existence of the law to protect breastfeeding in India (IMS act 1992)? Yes (1)/No(2)

## Interview Schedule for Women in the Maternity Ward

(1<sup>st</sup> & 2<sup>nd</sup> woman who delivered on the previous day of the visit)

(PLEASE ENCIRCLE YOUR RESPONSES)

### 2. Demographic and socioeconomic particulars

- 2.1 Name of the woman -----
- 2.2 Name of her husband -----
- 2.3 Educational Status (Illiterate(1)/ Functional literate(2)/Primary(3)/Middle(4) Matric(5)/Hr. Sec. or S.S.C.(6)/Graduate(7)/Post-Graduate(8)
- 2.4 Occupation Housewife(1)/Service(2)/Business(3)/Cultivation(4) /Labourer(5)/Self-employed(6)/Professional or Consultancy(7)/Unemployed(8)
- 2.5 Religion Hindu(1)/Muslim(2)Christian(3)/ Sikh(4)/Jain(5)/ Any other, specify(6)-----
- 2.6 Place of residence Rural(1)/Slum(2)/Urban(3)
- 2.7 Type of family Nuclear(1)/Joint(2)
- 2.8 Monthly household income. Rs.....

### 3. Breastfeeding Practices

- 3.01 When was your baby born? ----/---/----- Date/Month/Year
- 3.02 Was your delivery normal/caesarian/forceps? Normal(1)/Caesarian (2)/Forceps(3)
- 3.03 How many hours after delivery did you put your baby to your breast? (In case of caesarian delivery how many hours after you woke up from anesthesia did you put your baby to your breast? ----- hours(1)/Not yet (2)  
(For immediately after birth or less than 1 hour, record '00' hours)

3.04 Has the baby been given anything to drink before he/she was put to breastfeeding?

(If 'no', go to 3.06)

Yes (1)/No (2)

3.05 If yes, provide the following information

(a) What was given?

Yes (1)

No (2)

Plain water

-----

-----

Sugar/Honey /Jaggery

-----

-----

Juice

-----

-----

Tea

-----

-----

Fresh milk

-----

-----

Tinned/Powdered milk

-----

-----

Any other liquid (specify)

-----

-----

(b) Who advised?

Self(1)/Nurse(2)/Doctor(3)/Mother(4) Mother in law(5)  
Any other relative(6)Neighbour or friend(7)

(c) Who offered?

Self(1)/Nurse(2)/Doctor(3)/Mother(4) Mother in law(5)  
Any other relative(6)Neighbour or friend(7)

3.06 Have you had any problem feeding your baby?

Yes(1)/No(2)

(If 'no', go to 3.08)

3.07 If yes, did a nurse offer to help you with breastfeeding at that time?

Yes(1)/No(2)

3.08 Do you know how to express your breastmilk?

Yes(1)/No(2)

(If 'yes', go to 3.10)

3.09 If no in 3.08, has any body hospital ever offered to teach you to express your breastmilk?

Yes(1)/No(2)

3.10 Has your baby stayed with you in your room/ward/bed since delivery?

Yes(1)/No(2)

3.11 Have there been times the baby has not been with you?

(If 'no', go to 3.13)

Yes(1)/No(2)



- 3.12 If yes in 3.11,
- a) Where was the baby taken? -----  
---
- b) Why the baby was taken? -----  
---
- c) For how much time? -----  
---

3.13 Have any restriction been placed on the frequency or length of your breastfeeding?

(i) Frequency

Yes(1)/No(2)

(ii) Length of breastfeeding

Yes(1)/No(2)

3.14 Have you been given any advice while in hospital about how often to breastfeed by the hospital staff?

Yes(1)/No(2)

(If 'no', go to 3.16)

3.14(a) If yes, who was it. Nurse(1)/Doctor(2)/Dai(3)/Neighbours(4)

3.15 How often have you been told to breastfeed your baby?

Every hr(1)/Every 1-3 hrs(2)/

Every 3-4 hrs(3)/on demand(4)

3.16 Is the baby being breastfed on demand? Yes(1)/No(2)

3.17 How many times did you breastfeed yesterday i.e. during the last 24 hours? .....

3.18 Has your baby ever had any episodes of illness since birth? Yes(1)/No(2)

(If 'no', go to 3.21)

3.19 If yes in 3.18,

a) Did you continue with breastfeeding? Yes(1)/No(2)

(If 'no', go to 3.20)

b) If yes in (a), was the frequency of breastfeeding same as before?

Less(1)/The same(2)/More(3)

3.20 If no in (a),

(a) Why did you stop? -----

(b) On whose advice did you stop? Self(1)/Nurse(2)/Doctor(3)/Mother(4)

Mother in law(5) Any other relative(6)  
Neighbour or friend(7)

3.21 Has your baby ever sucked on a pacifier or dummy? Yes(1)/No(2)  
(If 'no', go to 3.23)

3.22 If yes in 3.21 on whose advice did you use? Self(1)/Nurse(2)/Doctor(3)/Mother(4)  
Mother in law(5) Any other  
relative(6)Neighbour or friend(7)

3.23 Did you start giving water or anything else to drink or eat other than breastmilk  
after putting him/her to breastfeeding? Yes(1)/No(2)

(If 'no', go to 3.25)

3.24 If yes in 3.23, provide the following information:

Type of liquid or food given	Hours after that started? (For immediately after birth or less than 1 hour, record '00' hours)	Is it normally given with bottle?	
		Yes(1)	No(2)
(i) Plain water			
(ii) Animal milk/tinned milk other than breastmilk			
(iii) Other liquids			

3.25 Did you have antenatal care at this hospital? Yes(1)/No(2)  
(If 'no', go to 3.27)

3.26 If yes in 3.25,

(a) Was breastfeeding discussed during antenatal visits? Yes(1)/No(2)

(b) Were you asked to bring infant milk formula or feeding bottles or infant foods at the time of coming for delivery to the hospital? Yes(1) No(2) *If yes, which brand*



4.04 Have you been offered any incentives, such as free samples, gifts and discount etc. to buy infant formula/infant foods

Yes(1)/No(2)

(If 'no', stop interview)

4.05 If yes in 4.04, provide the following information:

Type of incentives	Brand Name	From whom received?	For promotion of
		Doctor(1)/Nurse(2)/ manufacturer(3) distributor(4)	IMS(1)/FB(2)/IF(3)

- |                    |       |       |       |
|--------------------|-------|-------|-------|
| i. Free samples    | ----- | ----- | ----- |
| ii. Gifts          | ----- | ----- | ----- |
| iii. Cash/discount | ----- | ----- | ----- |

## Interview schedule for women in the Catchment Area

*(Delivered in the same hospital with living child aged between 3-5 months)*

**(PLEASE ENCIRCLE YOUR RESPONSES)**

### 2. Demographic and Socioeconomic Particulars

2.1 Name of the woman -----

2.2 Name of her husband -----

2.3 Educational status                      Illiterate(1)/ Functional literate(2) /Primary(3)/Middle(4)  
Matric(5)/Hr. Sec. or Sr.S.C.(6)/Graduate(7)  
/Post-Graduate(8)

2.4 Occupation

Housewife(1)/Service(2)/Business(3)/Cultivation  
(4)/Labourer(5)/Self-employed(6)/Professional  
or Consultancy(7)/Unemployed(8)

2.5 Religion

Hindu(1)/Muslim(2)/Christian(3)/  
Sikh(4)/Jain(5)/ Any other, specify (6)-----

2.6 Place of Residence

Rural(1)/Slum(2)/Urban(3)

2.7 Type of family

Nuclear(1)/Joint(2)

2.8 Monthly Household Income.

Rs.....

### 3. Breastfeeding Practices

3.01 Date of birth of the last born child,

*(if possible check from the immunisation card)*

Date..... month..... year

3.02 Order of this birth

.....

3.03 Sex of the child

Male(1)/Female(2)

3.04 Was your delivery normal/caesarian/forceps?

Normal(1)/Caesarian(2)/Forceps(3)

3.05 Are you currently breastfeeding your baby?

Yes(1)/No(2)

*(If 'Yes', go to 3.08)*

3.06 If no in 3.05, did you ever breastfeed your baby?

Yes(1)/No(2)

*(If 'Yes', go to 3.08)*

3.07 If no in 3.06, why not?

Mother ill or weak(1)/Child ill or weak(2)  
 /Nipple or breast problem(3)/Insufficient  
 milk(4)/Mother Working(5)/Child  
 refused(6)/Any other,specify(7)-----

3.08 How many hours delivery did you put your baby to your breast? (In case of caesarian  
 delivery how many hours you woke up from anesthesia, did you put your baby to your  
 breast?) -----hours Not  
 at all(88)

(For immediately after birth or less than 1 hour, record '00' hours)

3.09 While you were in the hospital, was the baby ever given water or anything else to drink  
 or eat other than breastmilk before putting him/her to breastfeeding?

Yes(1)/No(2)

3.10. Since this time yesterday, did your baby receive any of the following?

(a) Type of fluid or food	Yes(1)	No(2)
Plain water		
Sugar/honey/Jaggery	-----	-----
Fruit juice	-----	-----
Vitamins, minerals, medicine	-----	-----
Tea	-----	-----
Fresh milk	-----	-----
Tinned/powdered milk	-----	-----
Any solid home made food	-----	-----
Commercial solid food, (e.g. cerelac, Nestum, Farex, etc.)	-----	-----
Any other (specify)	-----	-----

(b) On whose advice did you start? Self(1)/Nurse(2)/Doctor(3)/Mother(4)  
 Mother in law(5)Any other  
 relative(6)Neighbours or friends(7)

(a) Since this time yesterday, did your baby drink anything from a bottle with a  
 nipple/teat? (If yes, please describe) Yes(1)/No(2)

3.11 Has your baby ever sucked on a pacifier or dummy? Yes(1)/No(2)

(If 'no', go to 3.13)

3.12 If yes in 3.11, who advised? Self(1)Mother(2)Mother in law(3) any relative(4)  
 Doctor(5)Nurse(6)Neighbour or  
 friends(7)

3.13 Did some one in the hospital advised for a post-natal visit at this hospital?

Yes(1)/No(2)

(If 'no', go to 3.15)

3.14 If yes in 3.13,

(a) Was breastfeeding/infant feeding discussed during these visits? Yes(1)/No(2)

(b) Were you advised to give infant milk formula or feeding bottle or infant foods?

		Yes(1)	No(2)	If yes, which brand?
i.	Infant milk formula	-----	----	-----
ii.	Feeding bottle	-----	----	-----
iii.	Infant Food	-----	----	-----

3.15 Did any nurse/health person or doctor ever explain you about positioning and attachment,

while breastfeeding? Yes(1)/No(2)

3.16. Did you experience any problem during breastfeeding? Yes(1)/No(2)

(If 'no', stop interview)

3.17 If yes in 3.16, which of these? (tick as many as she tells)

- Sore Nipples (1)
- Breast Engorgement (2)
- Cracked nipples (3)
- Inverted nipples (4)
- Breast abscess (5)
- Insufficient milk (6)

3.18 Did you stop breastfeeding or started giving supplements of other milks due to such problems? Yes(1)/No(2)

3.19 If yes in 3.18, who advised to stop? Self(1) Health worker(2)Nurse(3) Doctor(4)/Mother(5) Mother in law(6) Any other relative(7)Neighbour or friends(8)

3.20 Has anyone in this Hospital taught you how to express your milk? Yes(1)/No(2)

3.21 At what age do you plan to give water, teas, and juices or other milks to your baby?

months/days -----

3.22 How long do you plan to breastfed?  
months/days/weeks

-----



Sr.No.....

### Interview schedule for Storekeeper

(person who is responsible for distribution/supply/ purchase of drugs and other items.)

(PLEASE ENCIRCLE YOUR RESPONSE)

#### 2.General particulars

2.1. Name of the storekeeper -----

#### 3. Infant Milk Substitutes(IMS), Feeding Bottles(FB) and Infant Foods(IF) Supply, promotion etc.

3.1.What are the products of childcare available in the store?

	Yes(1)	No(2)	If yes, Which brand?
1.Soaps	_____	_____	_____
2.Oils	_____	_____	_____
3.Talcum	_____	_____	_____
4.Baby foods	_____	_____	_____
5.Feeding Bottles	_____	_____	_____
6. Powder Milks	_____	_____	_____
7.Others(specify)	_____	_____	_____

3.2 Which are the products commonly used in your hospital and who decides about them?

Type of the product	Brand	Deciding authority
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

3.3 Does the hospital receive these products through donations or at a subsidised price?

(If answer is (2) or (3) skip to 3.5) Yes(1)/No(2)/Don't know(3)

3.4 If yes, in 3.3 name the products supplied subsidized.

Type of the product	Brand
-----	-----
-----	-----
-----	-----
-----	-----

3.5 Do you know about the existence of the law to protect Yes (1)/No(2)

breastfeeding in India (IMS act 1992)?



5. Feeding Bottles                    -----                    -----                    -----                    -----

3.06 Are these products prescribed by some one?

	Yes(1)	No(2)	If yes, by whom?
1. Soaps	-----	-----	-----
2. Oils/Talcum	-----	-----	-----
3. Powder milks	-----	-----	-----
4. Infant foods ( <i>Cerelac, Farex etc.</i> )	-----	-----	-----
5. Feeding bottles	-----	-----	-----