Tools for Investigating
Infant and Young Child Feeding

Compiled by:

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Acknowledgements

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,
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 10th 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

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.
Section 1

1. State/Country/Province: __________________
2. District ______________________________
3. Block: _________________________________
4. Village/Ward __________________________
5. Name of the Mother ________________________
6. Age of the mother _______________________
7. Level of Education: ______________________
   1. Illiterate 2. Just Literate/No formal education 3. Upto Primary
   7. Post Graduation and above
8. Does the mother work outside the house? 1. Yes 2. No
   If yes, What is her job? ______________________
9. Number of living children of the mother: Total _______, Male_______, Female____
10. Name of the last born Child __________________
11. Age of [Name] in months _________
13. Religion
14. Caste
   1. SC 2. ST 3. OBC 4. Other (please specify)___________
15. Family income per month
   1. Rs. 1000 2. 1000-2000 Rs. 3. 2000-5000 Rs. 4. above 5000 Rs.
Section 2

1. Did you have checkup during pregnancy?
   1. Yes 2. No

2. If yes, By whom?
   1. Doctor 2. ANM/Nurse 3. TBA 4. Other (specify)________________

3. Did anybody give you advice/guidance counseling on breastfeeding during checkup?
   1. Yes 2. No
   If yes, What was the content of this?_______________________________________

4. Where was the child [Name] born?
   5. Other (Specify)________

5. Type of delivery?
   1. Normal 2. Caesarian 3. Forceps

Section 3

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.

2. Was anything given to the child [name] before starting the breastfeeding?
   1. Yes 2. No

3. If yes, what was given: (More than one answer could be possible)
   10. Other (Specify)________________

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)________

5. How many times did you breastfeed yesterday during the day? ___________

6. How many times did you breastfeed last night? ______________________

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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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

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10. Did [name] drink anything from a bottle with a nipple since birth?
   1. Yes  2. No

11. At what age did [name] start receiving solid/semi-solid/mushy foods on a regular basis, i.e. daily/_________ (in months)

12. If the child [name] is taking solid/semi-solid/mushy foods, please tell how many times during the last 24 hours?______

Section-4

1) Should mother take extra diet while breastfeeding?
   1. Yes  2. No

2) Does breastfeeding help in reducing the weight of mother?
   1. Yes  2. No

3) Does the practice of giving prelacteal feeding like Ghutti, Gur, water delay starting of breastfeeding?
   1. Yes  2. No

4) Should mother start feeding the child every time from different breast?
   1. Yes  2. No

5) How should mother feed the child
   i) On time schedule
   ii) On demand day and night

6) Should mother continue to feed the child even when she is pregnant again?
   1. Yes  2. No

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

8) Does breastfeeding help in delaying the next pregnancy?
   1. Yes  2. No

Name of the Interviewer _______________ Date of Interview _______________
Section 1

1. State/Country/Province:________________  
   2. District ________________________________

3. Block: __________________  
   4. Village/Ward__________________________

5. Name of the Mother ________________________________

6. Age of the mother __________________________

7. Level of Education:________________
   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

8. Does the mother work outside the house?  
   1. Yes  
   2. No

   If yes, What is her job?______________________

9. Number of living children of the mother: Total _______,  
   Male______,  
   Female____

10. Name of the last born Child ________________

11. Age of [Name] in months _________

12. Sex [Name]  
   1. Male  
   2. Female

13. Religion  
   1. Hindu  
   2. Muslim  
   3. Sikh  
   4. Others (please specify)__________

14. Caste  
   1. SC  
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   4. Other (please specify)__________

15. Family income per month  
   1. Rs. 1000  
   2. 1000-2000 Rs.  
   3. 2000-5000 Rs.  
   4. above 5000 Rs.
Section 2

1. Did you have checkup during pregnancy?
   1. Yes 2. No

2. If yes, By whom?
   1. Doctor 2. ANM/Nurse 3. TBA 4. Other (specify)________

3. Did anybody give you advice/guidance counseling on breastfeeding during checkup?
   1. Yes 2. No
   
   If yes, What was the content of this?_______________________________________

4. Where was the child [Name] born?
   5. Other (Specify)_______

5. Type of delivery?
   1. Normal 2. Caesarian 3. Forceps

Section 3

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.

2. Was anything given to the child [name] before starting the breastfeeding?
   1. Yes 2. No

3. If yes, what was given: (More than one answer could be possible)
   10. Other (Specify) __________________________

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) __________

5. How many times did you breastfeed yesterday during the day? ___________

6. How many times did you breastfeed last night? ________________________

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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Name of the Interviewer__________________ Date of Interview ________________
### Quantitative Survey on Breastfeeding

**Interview Schedule for Mothers**

*(6 - 8 months + 29 days)*

#### Section 1

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**Section-4**

1) Should mother take extra diet while breastfeeding?
   1. Yes 2. No

2) Does breastfeeding help in reducing the weight of mother?
   1. Yes 2. No

3) Does the practice of giving prelacteal feeding like Ghutti, Gur, water delay starting of breastfeeding?
   1. Yes 2. No

4) Should mother start feeding the child every time from different breast?
   1. Yes 2. No

5) How should mother feed the child
   i) On time schedule
   ii) On demand day and night

6) Should mother continue to feed the child even when she is pregnant again?
   1. Yes 2. No

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

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 stakeholders (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**

<table>
<thead>
<tr>
<th>Background information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Name :</td>
</tr>
<tr>
<td>• Age (in years) :</td>
</tr>
<tr>
<td>• Education :</td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Current breastfeeding practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you started breastfeeding?</td>
</tr>
<tr>
<td>If delayed, why?</td>
</tr>
<tr>
<td>If at desired time, who advised for this?</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Background information</th>
<th>Knowledge on Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name :</td>
<td>When the infant should start breastfeeding?</td>
</tr>
<tr>
<td>Age (in years) :</td>
<td>Why ?</td>
</tr>
<tr>
<td>Education :</td>
<td>Whether pre-lacteal feeding should be given to babies,</td>
</tr>
<tr>
<td></td>
<td>If yes why?</td>
</tr>
<tr>
<td>No. of living children-</td>
<td>How long infant should be breastfed, probe the duration for</td>
</tr>
<tr>
<td>Boys ____ Girls ____</td>
<td>Only breast milk, why?-</td>
</tr>
<tr>
<td>Sex - Boy / Girl</td>
<td>Breast milk with water, why?-</td>
</tr>
<tr>
<td>Age of the infant (months)</td>
<td>Breast milk with other food and supplements, why?-</td>
</tr>
</tbody>
</table>

Complementary feeding should be started at what age, why?  
The complementary feeding should consist of what items, why?  
The frequency of these items, why?
<table>
<thead>
<tr>
<th><strong>Future intentions regarding breastfeeding practices</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whether you have received any advise on breastfeeding practices as a part of your ANC care?</td>
</tr>
<tr>
<td>If yes, from whom and type of advice received from each one of them?</td>
</tr>
<tr>
<td>If faced with any problems in initiation and continuation of breastfeeding, whom would you approach and why?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>When she had first put the baby to the breast, why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long continued exclusive breastfeeding was given, why?</td>
</tr>
<tr>
<td>How long Breastfeeding with water, why?</td>
</tr>
<tr>
<td>How long Breastfeeding with other food and supplements, why?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At what age complementary feeding was started in the last child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of food was given and its frequency?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Strengthening capacity of the woman for optimal breastfeeding practices</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What sort of information may be helpful for her?</td>
</tr>
<tr>
<td>Who would be the appropriate person to provide the information on breastfeeding?</td>
</tr>
<tr>
<td>What sort of support/help is needed to follow appropriate breastfeeding practices?</td>
</tr>
</tbody>
</table>

**Thank You**
### Background information

- **Name**:  
- **Age (in years)**:  
- **Education**:  
- **No. of living children- Boys**  
- **Sex - Boy / Girl**:  
- **Girls**  
- **Age of the infant (months)**

### Knowledge on Breastfeeding

**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?**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long an infant should be given breast milk with water, why?</td>
<td></td>
</tr>
<tr>
<td>How long an infant should be given breast milk with other liquids, why?</td>
<td></td>
</tr>
<tr>
<td>What kind of support you may like to provide the breastfeeding mother in your family?</td>
<td></td>
</tr>
<tr>
<td>Complementary feeding should be started at what age, why?</td>
<td></td>
</tr>
<tr>
<td>The complementary feeding should consist of what items, why</td>
<td></td>
</tr>
<tr>
<td>What is the frequency of these complementary feeding, why</td>
<td></td>
</tr>
<tr>
<td>Would you approve that latest information on optimal breastfeeding should be imparted to the nursing mother in your family?</td>
<td></td>
</tr>
<tr>
<td>From whom this knowledge should be imparted?</td>
<td></td>
</tr>
<tr>
<td>Probe from Mother – in – law</td>
<td></td>
</tr>
<tr>
<td>What support/help is needed to practice optimal infant feeding practices by the mother?</td>
<td></td>
</tr>
<tr>
<td>Would you be willing to support the mother in follow-up of appropriate breastfeeding practices in your community?</td>
<td></td>
</tr>
</tbody>
</table>

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**

#### Background information

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>:</td>
</tr>
<tr>
<td>Age (in years)</td>
<td>:</td>
</tr>
<tr>
<td>Education</td>
<td>:</td>
</tr>
<tr>
<td>No. of living children</td>
<td>Boys_____ Girls ____</td>
</tr>
<tr>
<td>Sex</td>
<td>Boy / Girl</td>
</tr>
<tr>
<td>Age of the infant (months)</td>
<td>:</td>
</tr>
</tbody>
</table>

#### Knowledge on Breastfeeding

- Are you doing anything 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?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your opinion, whether any pre-lacteal should be given to infants?</td>
<td></td>
</tr>
<tr>
<td>If, no, why community member insist on pre-lacteal?</td>
<td></td>
</tr>
<tr>
<td>Do you advice them for not giving it?</td>
<td></td>
</tr>
<tr>
<td>If yes, has your effort has any impact on the ongoing practices?</td>
<td></td>
</tr>
<tr>
<td>Complementary feeding should be started at what age, why?</td>
<td></td>
</tr>
<tr>
<td>The complementary feeding should consist of what items, why?</td>
<td></td>
</tr>
<tr>
<td>The complementary feeding should be given in what frequency, why?</td>
<td></td>
</tr>
<tr>
<td>For how long breastfeeding should be continued with complementary feeding, why?</td>
<td></td>
</tr>
<tr>
<td>What kind of support you may like to provide the breastfeeding mother in your community?</td>
<td></td>
</tr>
<tr>
<td>Would you like to have latest art or technique on breastfeeding which will help you in convincing community members?</td>
<td></td>
</tr>
<tr>
<td>From whom this knowledge should be imparted?</td>
<td></td>
</tr>
</tbody>
</table>

Thank You
Infant Feeding Practices in Hospitals

1) Identification Particulars

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 State/ District</td>
<td></td>
</tr>
<tr>
<td>1.2 Name &amp; address of Hospital</td>
<td></td>
</tr>
<tr>
<td>1.3 Type of Hospital</td>
<td>BFHI (1) / Non BFHI (2)</td>
</tr>
<tr>
<td>1.4 Ownership of Hospital</td>
<td>Govt. (1) / Non Govt. (2)</td>
</tr>
<tr>
<td>1.5 Category of Hospital</td>
<td>Estimated No. of Deliveries in a year</td>
</tr>
<tr>
<td></td>
<td>&gt;1000 (1) / 250-1000 (2) / &lt;250 (3)</td>
</tr>
<tr>
<td>1.6 Date of Survey</td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURES

NAME OF INVESTIGATOR __________________________

____________________________________________

NAME OF SUPERVISOR/ __________________________

PROFORMA CHECKED BY __________________________
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? *If no, go to 2.5* | Yes (1) No (2) |
| 2.4. If yes, in what? | __________________________ |
| 2.5. Have you had any in-service training in breastfeeding lactation management? *If no, go to 3.01* | Yes (1) No (2) |
| 2.6. If yes in 2.5, provide the following. | | |
| 1. Duration of training | ________Hours | |
| 2. Place of training | | | |

3) Breastfeeding practices

| 3.01. Does your hospital have a breastfeeding policy? *If answer is (2) or (3), go to 3.03* | 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? | | |
| Problems | Advice |
| (i). Sore or cracked nipple | BF cont. (1) |
| (ii). Insufficient Milk | BF Stop (2) |
| (iii). Breast Engorgement | |
| (iv). Retracted or inverted nipples | |
| (v). Breast Abscess | | |
3.06. 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 milk
   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) ________________

iii. **Breast Abscess**
   1. Stop breastfeeding + Incision & Drainage
   2. Continue breastfeeding + Incision & Drainage
   3. Give antibiotics only
   4. Any other (Specify) ________________

iv. **Breast engorgement:**
   1. Express breastmilk
   2. Hot fomentation
   3. Prescribe antibiotics
   4. Stop breastfeeding
   5. Encourage unrestricted breastfeeding
   6. Any other specify ________________

v. **Inverted nipples**
   1. Advise to use nipple shield
   2. Try to correct with syringe suction method
   3. Any other (Specify) ________________

3.07. Where do you usually keep the newborn baby after delivery?

- With the mother(1)
- Separate in the nursery(2)
- With mother on separate bed(3)

*(If answer is (1) or (3), go to 3.09)*

3.08. Under which situations do you keep the newborn baby in separate nursery?

- Caesarian delivery(1)
- Infant complication(2)
- Low birth weight baby(3)
- Preterm birth (4)
- Any other, specify(5)__________________
3.09. How soon after delivery is the baby given to the mother in the following situations in your hospital?

(i) Normal delivery  

(ii) Caesarian delivery  

(iii) Forceps delivery  

3.10. After how many hours of delivery newborn baby is put to breastfeeding in the following situations?

i. Normal delivery  

ii. Caesarian delivery (after mother wakes up)  

iii. Forceps delivery  

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

<table>
<thead>
<tr>
<th>On demand</th>
<th>On Time schedule</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes(1)</th>
<th>No(2)</th>
<th>If yes, Brand preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Infant Milk Formula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Feeding Bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Infant foods</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

If yes , (a) What is given?  

<table>
<thead>
<tr>
<th>Yes(1)</th>
<th>No(2)</th>
<th>If yes, is it given with Bottle?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar/Honey /Jaggery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinned/Powdered milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other liquid (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)
   (If answer is (2) or (3), go to 3.17)

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)
      (Collect a copy of such material, if available, otherwise note the contents and type of material)
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________
   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. 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)
   (If answer is (2) or (3), go to 4.03)

4.02. If yes in 4.01, please describe. __________________________________________________________

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)
   (If answer is (2) or (3), go to 4.05)

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)

*(If answer is (2) or (3), go to 4.07)*

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? *If yes, (a) What is given?*

<table>
<thead>
<tr>
<th>a.</th>
<th>Yes(1)</th>
<th>No(2)</th>
<th>Don’t Know(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Fellowships</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>ii. Study tours</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>iii. Conference attendance</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>iv. In-service seminars</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>v. Free Distribution of books</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>vi. Sponsorship of clinical meeting</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

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)
Sr. No……

Interview schedule for the Nurse in the Maternity/Paediatrics Ward

(Fully qualified and junior most in the morning shift)

(PLEASE ENCIRCLE YOUR RESPONSES)

2. General particulars and Experience

2.1 Name of the nurse

2.2 Basic Qualification

2.3 Professional qualification

2.4 Total number of years experience as Nurse

2.5 Total number of years as nurse in maternity ward

2.6 Have you received any in service training and lactation management breastfeeding?

(If ‘no’, go to 3.01)

2.7 If yes, provide the following

(i) Duration of training

(ii) Place of training

3. Breastfeeding practices

3.01 Does your hospital have a breastfeeding policy?

(If answer is other than ‘Yes’, go to 3.03)

3.02 If yes in 3.01, have you received any orientation on this policy?

3.03 Do you teach mothers how to express their breastmilk?

3.04 Have you any teaching material to educate mothers for promotion of breastfeeding?

(If ‘no’, go to 3.06)

3.05 If yes in 3.04,

(a) Who is supplying this material?

Formula Company(1) Govt.(2) Voluntary Organization(3)
Local People(4)/Health staff of hospital(5)/ Others
(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?

<table>
<thead>
<tr>
<th>Problems</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore or cracked nipple</td>
<td>BF cont.(1) BF Stop(2)</td>
</tr>
<tr>
<td>Insufficient Milk</td>
<td></td>
</tr>
<tr>
<td>Breast Engorgement</td>
<td></td>
</tr>
<tr>
<td>Retracted or inverted nipples</td>
<td></td>
</tr>
<tr>
<td>Breast Abscess</td>
<td></td>
</tr>
</tbody>
</table>

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) ---------------
iii. **Breast Abscess**
1. Stop breastfeeding + Incision & Drainage
2. Continue breastfeeding + Incision & Drainage
3. Give antibiotics only
4. Any other (Specify) 

iv. **Breast engorgement:**
1. Express breastmilk
2. Hot fomentation
3. Prescribe antibiotics
4. Stop breastfeeding
5. Encourage unrestricted breastfeeding
6. Any other specify 

v. **Inverted nipples**
1. Advise to use nipple shield
2. Try to correct with syringe suction method
3. Any other (Specify) 

3.12 Where do you usually keep the new born baby after delivery?

(If the answer is (1) or (3), go to 3.14) With the mother(1) Separate nursery(2) With mother on separate bed(3)

3.13 Under which situations do you keep the newborn baby in separate nursery?

Caesarian delivery(1)/Infant complication(2)/Low birth weight(3) / Pre-term birth(4)/Any other, specify(5) -

3.14 How soon after delivery is the baby given to the mother in the following situations in your hospital?

i. Normal delivery ---------------hrs

ii. Caesarian delivery ---------------hrs

iii. Forceps delivery ---------------hrs

3.15 After how many hours of delivery do you think is correct that a new born baby should be put to breastfeeding in the following situations?

i. Normal delivery ---------------hrs

ii. Caesarian delivery (after mother wakes up ) ---------------hrs

iii. Forceps delivery ---------------hrs

3.16 What is first feed given to the newborn baby?
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:

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes(1)</th>
<th>No(2)</th>
<th>If yes, Brand preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Infant Milk Formula</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>ii. Feeding Bottle</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>iii Infant foods</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Item given</th>
<th>Yes(1)</th>
<th>No(2)</th>
<th>Given with bottle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar/Honey /Jaggery</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Juice</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Tea</td>
<td>-------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Fresh milk</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Tinned/Powdered milk</td>
<td>-----</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Any other liquid (specify)</td>
<td>-------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>

(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)

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
(1st & 2nd 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?**

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain water</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Sugar/Honey /Jaggery</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Juice</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Tea</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Fresh milk</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Tinned/Powdered milk</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Any other liquid (specify)</td>
<td>--------</td>
<td>--------</td>
</tr>
</tbody>
</table>

(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 over 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)
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:

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

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
i. Infant Milk Formula

ii. Feeding Bottles

iii. Infant foods

3.27 Did any body at the hospital ever explain you about positioning and attachment, while breastfeeding? Yes(1)/No(2)

3.28 After you go home from the hospital, how do you plan to feed your baby during first one month or two? Exclusive breastfeeding(1) Mostly breastfeeding and some formula(2) /Mostly formula feeding with some breastmilk(3)/completely formula feeding(4)

(If the answer is ‘other than exclusive breastfeeding, go to 4.01)

3.29 If exclusive breastfeeding in 3.28 for how many months you plan continue with exclusive breastfeeding? ————months

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

4.01 Have you seen any educational material displayed in or around the premises of the hospital about promotion of breastfeeding? Yes(1)/No(2)

(Interviewer should verify whether there is any such material displayed. If yes, collect a copy of the same, if possible, otherwise note down their contents)

4.02 Have you received any educational material for promotion of breastfeeding or infant feeding or infant foods while you are in the hospital? Yes(1)/No(2)

(If yes in 4.02, collect a copy of each of the material distributed, if possible, otherwise note down their contents)

4.03 Have you seen any poster etc displayed in or around the premises of the hospital showing use of bottles/infant foods etc.

Yes(1)/No(2)

(Interviewer should ensure whether there is any such material displayed. If yes, collect a copy of the same, if possible otherwise note down their contents)
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:

<table>
<thead>
<tr>
<th>Type of incentives</th>
<th>Brand Name</th>
<th>From whom received?</th>
<th>For promotion of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Doctor(1)/Nurse(2)/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IMS(1)/FB(2)/IF(3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>manufacturer(3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>distributor(4)</td>
</tr>
</tbody>
</table>

i. Free samples     | -------------- | -------------------- | ---------------------|
ii. Gifts           | -------------- | -------------------- | ---------------------|
iii. Cash/discount  | -------------- | -------------------- | ---------------------|
Sr. No............

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?
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

<table>
<thead>
<tr>
<th>Type of Fluid or Food</th>
<th>Yes(1)</th>
<th>No(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar/honey/Jaggery</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Fruit juice</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Vitamins, minerals, medicine</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Tea</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Fresh milk</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Tinned/powdered milk</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Any solid home made food</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Commercial solid food,</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>(e.g. cerelac, Nestum, Farex, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other (specify)</td>
<td>-------</td>
<td>------</td>
</tr>
</tbody>
</table>

(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)

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
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?

<table>
<thead>
<tr>
<th>Product</th>
<th>Yes(1)</th>
<th>No(2)</th>
<th>If yes, Which brand?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soaps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Oils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Talcum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Baby foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feeding Bottles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Powder Milks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Others(specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of the product</th>
<th>Brand</th>
<th>Deciding authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type of the product</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

3.5. Do you know about the existence of the law to protect

Yes (1)/No(2)
breastfeeding in India (IMS act 1992)?
Interview schedule for Chemist
(One in or around the hospital and another one in the nearest colony)
(PLEASE ENCIRCLE YOUR RESPONSE)

2. General particulars
2.1 Name of the Chemist shop -------------------

2.2 Name of the Chemist ------------------------

2.3 Location of chemist shop: Within the premises of the hospital(1)/Around the hospital(2)/In the nearest colony(3)

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

3.01 Is there any material like posters/wall charts etc.on infant care products displayed in the shop? (If No, go to 3.03) Yes(1)/No(2)

3.02 if yes in 3.01 what? Baby Soaps(1) Talcum(2) Oils(3) Baby Foods(4) (Collect a copy of the same or note the contents of the same)

3.03 Have you done any special displays of any of these products in past six months? Yes(1)/No(2)

3.04 Are there any special schemes on sales of these products offered?

1. Soaps
2. Oils/talcum
3. Powder milks
4. Infant foods (Cerelac, Farex etc.)
5. Feeding Bottles

3.05 What are trends of sales of these products?

<table>
<thead>
<tr>
<th>Products</th>
<th>Increasing(1)</th>
<th>Decreasing(2)</th>
<th>Same(3)</th>
<th>Can’t say(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soaps</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>------</td>
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<tr>
<td>2. Oils/talcums</td>
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<tr>
<td>3. Powder milks</td>
<td>-----</td>
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<tr>
<td>4. Infant foods</td>
<td>-----</td>
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</tr>
<tr>
<td>(Cerelac, Farex etc.)</td>
<td>-----</td>
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<td>------</td>
</tr>
</tbody>
</table>
5. Feeding Bottles

3.06 Are these products prescribed by some one?

<table>
<thead>
<tr>
<th>Products</th>
<th>Yes(1)</th>
<th>No(2)</th>
<th>If yes, by whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soaps</td>
<td>------</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>2. Oils/Talcum</td>
<td>------</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>3. Powder milks</td>
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<td>4. Infant foods</td>
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<tr>
<td><em>(Cerelac, Farex etc.)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feeding bottles</td>
<td>------</td>
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