

## 5. Infant & Young Child Feeding Practices (<3 Yrs Children)

UID ID:

Name of the Respondent: (Mother of Index child):

Date of Interview:

Interviewer Name:

Interviewer Code:

### **Particulars of the Index Child:**

1. Name of the Index Child : .....
2. Date of birth : \_\_\_ / \_\_\_ / \_\_\_ 3. Age (in completed months) : \_\_\_\_\_
3. Gender (1.Male 2. Female)
4. Birth order of index child (Live Births) (autopopulate from household)
5. Birth interval (months)(auto populate from household data) : \_\_\_  
(Between index child and his immediate elder child. Code '99' for primi)

### **Particulars of last Pregnancy (Only for mothers having < 12 months child)**

(if not, go to Q.)

*Gestational Weeks* -----

6. Did you attend Antenatal Check-up :\_\_\_ (ANC) during last pregnancy?(Go to Q\_\_\_if answer is NO – if answer is Yes, skip Q  
1. Yes 2. No 3. Don't Know
8. When did you attend/register the first antenatal check-up? \_\_\_ (Weeks of gestation) ( )
7. If yes, total No. of ANC's attended during last pregnancy ? : \_\_\_\_\_
9. Where did you undergo antenatal Check-ups generally ? : \_\_\_\_\_  
1. Home 2. AWC  
3. Sub-Centre 4. Govt. hospital  
5. Private hospital 6. Others: specify(.....)  
9. NA
10. Who has conducted the last ANC? :\_\_\_  
1. ANM 2. LHV  
3. Govt. Doctor 4. Pvt. Doctor  
5. Others:specify: (.....) 9. NA
11. Components of ANC undergone:(Multiple options) (1. Yes 2. No 8. DNK )
  - Physical Examination :\_\_\_
  - Weight Recording :\_\_\_
  - Urine examination
  - Haemoglobin Estimation
  - Blood pressure measurement
  - Whether ultra sound scanning was done during last pregnancy?

- Others:Specify( )

12. Did they give any advice during ANC's?(skip to \_\_\_ if answer is No or Don't remember) :\_\_  
 1. Yes 2. No 8. Don't remember

13. If yes, what did they advise?(multiple options): (1.Yes 2.No)

- To attend regular ANC checkups :\_\_\_\_\_
- To consume more GLVs :\_\_
- To consume more milk & egg :\_\_
- To consume more vegetables & fruits :\_\_\_\_\_
- To take IFA tablets for 100 days :\_\_
- To consume additional meal/more food :\_\_\_\_\_
- Any other-specify:( )

14. If ANC was not availed, give reasons(multiple options): (1. Yes 2.No )

- Not aware of the need :\_\_
- No faith :\_\_
- No ANC's held in our locality :\_\_
- Timings are inconvenient :\_\_
- Place is not accessible :\_\_
- Loss of wages :\_\_
- Others (.....) :\_\_\_\_\_

15. Did you receive TT immunization during last pregnancy?:\_\_ 1. Yes 2. No 8. Don't know/  
 remember

16.If yes, number of doses received? :\_\_1. One 2. Two 8. Don't know/remember

17. If TT is not received, give reasons?(multiple answers)(1. Yes 2.No

- Not aware of the need :\_\_
- No faith :\_\_
- Not offered :\_\_
- Timings are inconvenient :\_\_
- Place is not accessible :\_\_
- Loss of wages :\_\_
- Fear of getting pain/fever :\_\_
- Others- specify: (.....) :\_\_

### 18. Consumption of IFA tablets

Did you receive IFA tablets during last pregnancy?:\_\_1. Yes 2. No 8. Don't know/remember

19. If yes, from whom you have received :\_\_

1. ANM
2. AWW
3. Govt. Doctor
4. Private Doctor
5. Others (.....)

20. If yes, total no. of tablets received? :\_\_ \_\_ \_\_ (888 for DNK)

21.Total number of tablets consumed? :\_\_ \_\_ \_\_ (888 for/don't remember)

22. Reasons for not consuming/partially consumed IFA :\_\_

- Fear of side effects
- Black stools
- Vomiting
- Nausea
- No need
- Others (.....)
- 7. Don't know/ can't say
- 
- 
- 

Food received from ICDS .

**Particulars of last delivery, breast feeding & Infant feeding practices**

23. Type of delivery :\_\_

- Normal
- Caesarean
- Others (.....)

24. Place of delivery :\_\_

- Home
- Sub-centre
- Govt hospital
- Private Hospital
- Others (.....)

25 .Who conducted the delivery? :\_\_

- Elders
- Untrained Dai
- TBA
- ANM/LHV
- Govt. Doctor
- Pvt. Doctor
- Others (.....)

26. Whether birth weight of child was recorded? : 1. Yes 2. No 8. Don't Know

27. If yes, when was birth weight recorded? :\_\_\_\_\_

- Immediately
- First day
- 2<sup>nd</sup> day
- 3<sup>rd</sup> day
- 4<sup>th</sup> day
- 5<sup>th</sup> day
- 6<sup>th</sup> day
- $\geq 7$  days

28. Birth weight (kgs)\_\_\_\_\_ (From the records available at home or If parents know the birth weight)

29. Time of initiation of breast feeding (hours)(probe with delivery details) :\_\_

- Immediately
- <0.5 hr
- <1 hr
- 1-3

- 4-11
- 4.12-23
- 24-35
- 36-47
- ≥48
- Not initiated

30. Did you feed any pre-lacteals to the newborn ? :  
 1. Yes 2. No 8. DNK 9. NA

31. If yes, type of pre-lacteals given (multiple options): (1. Yes 2. No 9.NA)

- Plain water :\_\_
- Glucose water :\_\_
- Honey :\_\_
- Cow/buffalo's milk :\_\_
- Goat's milk :\_\_
- Donkey's milk :\_\_
- Other woman's milk :\_\_
- Herbal medicine: \_\_\_\_\_
- Others (.....) :\_\_

32. Did you feed colostrum? :\_\_ 1. Yes 2. No 9. NA

33. If No, give reasons :\_\_

- Difficult to digest
- Not good for health
- Child could not suck
- Elders' advice
- Others (.....)

### Child current Feeding Practices

34. Type of feeding being given currently? :\_\_

- Only breast milk
- Breast milk+water
- Breast milk+complementary feeds
- Infant formula
- Complementary feeds
- Not breast fed
- Others-specify: (.....)

35. Up to what age (months) the child was given only breast-milk? (Even without water): \_\_\_\_\_

36. If Exclusive Breast Feeding was given upto 6+months then who advised to do so?: \_\_

- Medical Officer
- ASHA
- AWW

- ANM
- On my own
- Elders in the family
- Others-specify:
- Don't remember (.....)

37. No. of times breast milk given on previous day : (at least 10 min. per feed)

38. When did you start giving complementary food? (Months):\_\_ \_\_ (Enter '99' if not started)

39. If complementary feeding was initiated before 6 months (<180days), Give reasons:\_\_

- Advised by Medical Officer
- Advised by ASHA
- Advised by AWW
- Advised by ANM
- Advised by Elders
- On my own
- Insufficient breast milk
- Lactation failure
- Others (.....)

40. Type of complementary foods currently being given (1. Yes 2. No 9. NA)(multiple options)

- Cow /goat/ buffalo milk :\_\_
- Formula milk :\_\_
- Commercial baby foods :\_\_
- Home-made semi-solids :\_\_
- Home-made solids :\_\_
- Processed Foods :\_\_

41. What are the foods generally included in home-made complementary foods previous one week?  
(1. Yes 2. No 9. NA)

- Cereals & millets
- Pulses
- GLV
- Roots & tubers
- Other Veg.
- Fruits
- Flesh Foods
- Eggs
- Milk & Milk Products
- Fats & oils
- Sugar & Jaggery

42. Type of feeding on previous day of survey:

- Cereals & millets
- Pulses
- GLV
- Roots & tubers
- Other Veg.
- Fruits
- Flesh Foods
- Eggs
- Milk & Milk Products

- Fats & oils
- Sugar & Jaggery

43. Generally, who feeds/supervises the complementary feeding?: \_\_\_\_\_

- Mother
- Father
- Siblings
- Grand Parents
- Others (\_\_\_\_\_)

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**44. Immunization Particulars** (Only for **12-24 months** children) *If not, go to Q.133*  
**Receipt of Immunization (Verify the records, if available)**

(1. Received 2. Not Received 8.DNK/don't remember 9.NA)

Universal Immunization Schedule

Age	Name of vaccine	Date of Immunization (DD/MM/YYYY)
Birth	BCG	
	OPV	
	Hepatitis – B	
6 Weeks	OPV-1	
	Pentavalent-1	
	Rotavirus-1	
	fIPV-1	
	PCV-1	
10 Weeks	OPV-2	
	Pentavalent-2	
	Rotavirus-2	
14 Weeks	OPV-3	
	Pentavalent-3	
	Rotavirus-3	
	fIPV-2	
	PCV-2	
9-12 months	MR-1	
	JE-1	
	PCV-Booster	
16-24 months	MR-2	
	JE-2	
	DPT-Booster-1	
	OPV-Booster	

45. Source of information for Immunization? :-

- Immunization card (Govt/ Private)
- AWW record
- Parents
- Others (.....)

46. Reasons for no/ incomplete immunization :\_\_

- Unaware of the need
- No faith
- Time and place not known/inconvenient
- Fear of side effects
- Not offered
- Mother was busy
- Child was sick
- Others (\_\_\_\_\_)

**Particulars of young child feeding practices (for 12-36 months children)**

47. The type of feeding being given currently? :\_\_

- Only breast fed
- BF +CF
- Complementary feeding
- Not breast fed
- Others (.....)

48. When did you start giving complementary food? (Months) :\_\_ \_\_

49. Generally, how do you feed complementary food to the child ? :\_\_

- With spoon
- With bottle
- With hand
- Self with spoon
- Self by hand
- Any other-specify( )

50. Type of feeding on previous **WEEK** of survey:

- Cereals & millets
- Pulses
- GLV
- Roots & tubers
- Other Veg.
- Fruits
- Flesh Foods
- Eggs
- Milk & Milk Products
- Fats & oils
- Sugar & Jaggery

50. Type of feeding on previous day of survey:

- Cereals & millets
- Pulses
- GLV
- Roots & tubers
- Other Veg.
- Fruits

- Flesh Foods
- Eggs
- Milk & Milk Products
- Fats & oils
- Sugar & Jaggery

**Massive dose of Vitamin A supplementation (12-36 months)**

During Past One year did you received Vitamin A supplementation: 1.Yes 2.No

No. of doses of massive vitamin A received during the past one year ? :\_\_

- One dose
- Two doses
- Not received
- Don't know/ don't remember

Where was the last dose administered? :\_\_

- Home
- AWC
  - SC
  - Govt Hosp
  - Private Hospital
  - Others (.....)
  - Don't know/Don't remember

Who administered the Vit. A dose? :\_\_\_\_\_

- AWW
- ANM
  - LHV
  - Govt Doct.
- Private Doctor
  - Others (.....)
- 8. Don't Know /Don't remember

Reasons for not receiving/incomplete receipt Of Vitamin A

Not Aware  
 Not Accessabile  
 Fear of Side Effects



