

PMPA
Household Question Guide
Guide 5: Food Consumption

Village (Desa): _____ Investigator name: _____

Mothers's name: _____ Date of Interview: _____

Family name: _____ Household visit (circle)

Ethnic group : J M B S 1 2 3 4

Thank you very much for all you have shared. Now I would like to discuss breastfeeding and any other foods you may give to your child. Every explanation you give us on these points is very important and will help us enormously with our work. For this part of our discussion, I would like to use the tape recorder. I hope this won't bother you and sometime soon I will return with the cassette so you can hear what you said.

USE TAPE RECORDER

A. BREASTFEEDING

5.1 (Observe or ask) Do you currently breastfeed _____? ____yes ____no

5.2 (a) If not, what is the reason that you do not?

(b) Have you ever breastfed your child? ____yes ____no
(If yes, ask 5.3 and 5.4 in the past tense and continue with 5.5.)

5.3 If yes, how many times/day do you give breast milk to _____. Ask for an explanation and also observe how many times/day it seems like the mother breastfeeds.

5.4 Do you also breastfeed _____ at night? Explain

5.5 When did you start breastfeeding _____? **Probe: right after birth, after ritual, on what day, and why.** Explain _____

5.6 If the mother gave breast milk immediately (breast milk was already starting) did she give the first milk that came out?
(INSTRUCTION: You might have to describe this milk as yellow or thick. It is called colostrum. Does the mother have a word?)

no, why?
yes, why?

5.7 If the mother did not give milk immediately because she didn't want to (but she had milk) what did she give to drink/eat? (This is the prelacteal period. It may be short and possibly nothing is given.)
Had to have this period because _____

If yes, what food/drink was given and why?

5.8 If the mother didn't give the breast immediately because she says she didn't have milk, what did she give to eat/drink?

(INSTRUCTION: What is meant is the mother's reaction to a forced prelacteal period because she believes she doesn't have milk. In the context of this work the prelacteal period is defined by the mother not giving milk. If a wet nurse is used, this enters here.)

5.9 Does the mother breastfeed her child according to a schedule or not (every time her child wants to feed)? Explain. _____

5.10 If the mother is already giving breast milk, how does she know her child likes the breast milk? (Be careful that the mother doesn't just answer, "because my child cries", or "I give only a little because he has no appetite." Find out the mother's ideas about when the child is hungry or thirsty.) Explain.

5.11 Does the mother use both breasts when breastfeeding?

 No, because

 Yes, because

5.12 Approximately how long does the mother breastfeed during one feeding? _____ minutes.

(Note: If the mother cannot answer precisely, try to understand why she starts and stops feeding.)

Explain _____

5.13 How does the mother know that the child has received enough breast milk during one feeding?

5.14 Before I asked how you know that your breast milk was enough from one feeding. Now, I would like to know how you know when and why to stop breastfeeding completely (does not give breast milk again). Explain

When breastfeeding is stopped, is it by the mother alone or on the recommendation of other people? Explain

Finally, can you tell me when you decided to stop breastfeeding each of your previous children?

- > At what age?
- > Was this the same for sons and daughters?
- > Why did you wean each?
- > How did you stop/wean each?

Ask for each of her previous children. Probe to find out if the child was on an adult or restricted diet at this time.

Child	Age of completed	Method	Why weaned Restricted	Adult/ Diet	Weaning
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5.15 During the period when you are breastfeeding, are there any occasions on which you might stop for a short

time (when giving a medicine)? Explain

5.16 During the time when the mother is breastfeeding all the time, how does she know or feel the quantity of milk she has?

_____normal/regular/enough for the needs of the child;
_____not enough _____more than enough

If not enough, what does she do? Explain also when/why she doesn't think it is enough:

What is your opinion of the milk of a wet nurse? What characteristics should she have? If more than enough, what does she do?

How does she feel about being a wet nurse?

5.17 Has the CHILD been given milk besides breast milk?

_____ no _____yes

(INSTRUCTION: If yes, complete the following matrix. Complete with the mother's answers about the type of milk, at which month it was given, before breast milk, as an addition to breast milk, as a replacement to breast milk, why was other milk used, what does she think of it and with what frequency was it given?)

Kind of Milk	At what age (months)	For what*	Why	What does she think about it	Frequency

- * Coding :
1. before breastfeeding—mother doesn't want to begin.
 2. before breastfeeding—mother says she has no milk
 3. breastfeeding but wants additional liquid.
 4. breastfeeding but wants a replacement
 5. breastfeeding but uses it as the main milk.
 6. breastfeeding but uses it as additional liquid for the solid food also given.

5.18 Enumerator what is your opinion of whether the mother is using (making) the other milk correctly and about how the mother gives the milk (look especially for bottles)?

5.19 Try to find out from the mother her interpretation of the use of the left and right breast. For example, does she have the understanding that the left breast contains food and the right drink to be given when the child is thirsty? Does she have other ideas?

B. GIVING FOODS OTHER THAN MILK

5.20 While being breastfed has _____ ever received any other foods? _____yes _____no

(1) If no, why, and on the advice of whom?

(2) If no, is it because it is forbidden or are you willing to give it as long as there is a good explanation of why and what food should be given?

(3) If she is willing to try, what kind of information would she want or would be important to her?

(4) From whom or by what means would she want to hear this type of information?

(5) If yes, at what age did you begin to give these? **Probe to find out when the child was given the FIRST foods—such as prelacteal foods, ritual foods, etc.—and ask about additional foods.**

(Use the national calendar or the verbatim _____.) _____ days (child less than 2 months)
_____ months (child older than 2 months)

(6) Now I'd like to know something about the foods you give to _____. Let's start with the first food s/he ever ate.

- food
- characteristic of food—what is important (solid, refined, color, cooked...)
- Why did you give *that* food?
- How did you know that s/he was ready for this food? **Probe for behavioural and development cues; perceived needs; other reasons.**
- How was this food prepared, introduced or served? **Probe for method of feeding. If foods are prechewed, ask why.**

Food	Age	Reasons for Choice of Food	Readiness Development	Comments/Cues
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5.21 (1) If the mother gives other food, who advised her to do it? Explain

(2) If advice has been given, how did the mother follow it?

(3) Would the mother like to give the child more food (quantity) or another kind if she had advice about the purpose and a good type of food? Explain

(4) If she would like to try, what specific explanation concerning food purpose, kind, and characteristics do you feel are needed and important to change the CHILD's feeding pattern?

(5) According to the mother, who are the best people or what is the best way to give this explanation?

5.22 When the mother is breastfeeding, does she usually give food before or after the breastfeeding? Why does she give it this way?

from her own plate?

eat alone? _____
on lap of mother? _____

* Earlier, we discussed your work activities and whether _____ accompanies you when you leave the house. Now I'd like to ask some specific questions about **how** you feed _____ when you are not at home (working or other purpose).

5.23 *In general, when you leave the house and _____ is WITH you, how do you feed him/her? How often? What foods? List where food is obtained (bought or homemade?)*

5.24 *When you leave the house but do not take _____ with you, how do you arrange his/her feeding?*

- > Do you leave food? ____ yes ____ no
- > Do you ever express breast milk? ____ yes ____ no
- > Who feeds _____?
- > Does _____ feed himself?
- > Other arrangement?

5.25 **OBSERVE: Does the mother carry child on her back most of the day? Describe how.** (slung to the side, for example.)

* Not when you are working, but at home:

5.26 When you are at home, does someone besides yourself ever feed _____?

Who?
When?

5.27 How do you decide when to feed _____? **Probe to find out whether child must demand food or express hunger before s/he is fed.**

5.28 How do you know when _____ has had enough to eat?

5.29 Do you ever force-feed _____? ____ yes ____ no

If no, ask if she has force-fed other children? ____ yes ____ no

If yes, why? _____
where? _____
when? _____

how? _____

5.30 If _____ refuses to eat—either spits, vomits, or has no appetite—what can be done in these situations?

- > Can anything be done to improve appetite?
- > If yes, what?

5.31 In general, can you tell me why some children are fussy eaters?

- > Can these children be changed?
- > If yes, how?

* So far, we've discussed what foods _____ eats, and how s/he is fed. Now let's talk about WHY some foods are given to young children, but others are not.

5.32 First, can you tell me if there are some foods that are considered unhealthy for children under 2? Fill in matrix, asking the following questions:

- What are they?
- How do you know or who told you they are unhealthy?
- What happens if these foods are eaten? (i.e. Why are they bad?)
- Does this happen for older children also?
- Both boys and girls?
- Are these foods also bad for children who are sick?

PROBE TO UNCOVER WHETHER FOODS ARE CONSIDERED UNHEALTHY ON THE BASIS OF DIGESTIBILITY, SPICINESS, OR OTHER FOOD CLASSIFICATIONS. FIND OUT IF THERE ARE OTHER FOOD TABOOS.

Unhealthy Food	Source of Information	Why/Effect	Age & Sex difference	Difference for sick
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5.33 What about healthy foods—are some foods considered healthy for young children?

- What are they?
- How do you know (source of information?)
- Why are they good?
- What happens when they are eaten?
- Is this the same for older children?
- Both boys and girls?
- What happens when they are eaten by sick children?

Good Food	Source of Info	Why/Effect differences	Age & Sex	Differences for sick
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Appendix B.2

SAMPLE OBSERVATION FORM

(From: The Weaning Project, Department of Health, Indonesia)

PMPA
Feeding Observation Guide #2
(one to be filled out for each visit)

Village (Desa): _____ Investigator name: _____

Mothers's name: _____ Date of Interview: _____

Family name: _____ Household visit (circle)

Ethnic group : J M B S 1 2 3 4

Notes on Breastfeeding: In the square below, put a mark each time you observe the child being breastfed. Remember to mark both boxes if the child feeds from both breasts at one feeding.

Record Number of Feeds

Example: Right Left

111 11

Notes: [Record below: pattern of feeding, (demand, scheduled, etc.), amount of time spent feeding (frequency per hour, duration); Does the child sleep while feeding?

To be filled in:

Right Breast Left Breast

Other Observations of Child Feeding

1. Are feeding bottles observed in the house? ____Y ____N
 2. Are they used for the target child (observed) ____Y ____N
 3. Did the child receive other foods besides breast milk? ____Y ____N
 4. If yes, what did the child receive?

 5. Does child feed him/her self? ____Y ____N
 6. If yes, what did the child eat?

 7. If the child is feeding, is the child held by the mother during their interaction?
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OTHER NOTES:

1. How long did the observation last? _____
2. Who was present? _____

3. How did they treat you? _____
4. What is your evaluation of the interview? _____

Appendix B.3

SAMPLE RECRUITMENT FORM

1. The Project to Promote Improved Young Child Feeding,
National Nutrition Council, Swaziland.)

RECRUITMENT SHEET

IDENTIFICATION INFORMATION

REGION: _____

Name of area : _____ Description of area: rural: trad/remote
Name of chief: _____ not remote
Enumeration area: _____ peri-urban
(low income)
Ecological Zone _____ Urban (Mid income)
Homestead number: _____ Company Town

INTRODUCTION

The Office of the United Nations Children Fund on behalf of the Government of Swaziland is in the process of designing an education programme on family life.

The major objective of the programme is to improve the quality of life in all Swazi families.

We are here to arrange a meeting between you and people from the Office in which you will discuss aspects of family life, especially in relation to children.

We are now going to ask some questions in preparation for that meeting.

GROUP ELIGIBILITY

(Only mothers/fathers/caretakers of children equal to or less than 24 months of age)

- Mother, low education (no form 3 certificate) and does not work.
- Mother, first and only child (no form 3 certificate)
- Mother, works outside the home without the child more than 6 hrs/day (no form 3 certificate)
- Grandmother, has primary responsibility of a child equal to or less than 24 months of age whose mother lives/works away from the home. (Grandmother has no form 3 certificate.)
- Father, of a child less than five years of age, i.e. less than 60 months.

QUALIFYING INFORMATION

Child's age (Equal to or less than 24 months of age—verify with clinic card)

Age in months _____
Birth date _____ Month: _____ Year: _____

IDENTITY

Head of homestead : _____
Child's name: _____
Mother's (or caretaker's name) : _____
Father's name : _____

OTHER INFORMATION ABOUT ELIGIBLE PARENT (CARETAKER)

1. Religious denomination _____
2. Age : _____
3. Marital status
___ single (never married)
___ married (living with a man or with his parents)
___ no longer married (widowed or divorced)
___ if married, how many wives or bozakwenu are there?
4. ___ Do you have financial assistance in bringing up the child?
5. EDUCATION
___ no formal, no adult education
___ adult education only
___ grade 1 & 2
___ standard 1–5
___ Form 1–3 (but no J.C. Certificate)
6. Number of children living with you _____ children.
7. Number of hours the mother spends outside the home without her child (either working or for another reason) on a regular basis: _____ hours outside the house/day.
8. Do you participate in any organised activities?
9. Which ones? _____
10. Do you take the child to the clinic for weighing?
___ no ___ yes
11. Which clinic?
12. When was the last time you took your child to be weighed?

(month)? _____

13. How far is the clinic?

14. Do you have a working radio at home?

15. Do you have a garden?

16. Date: _____ Day: _____
(in full) month/year

17. Time: _____

18. Reminder card

Appendix B.4

SAMPLE SUMMARY SHEETS

(These summary sheets are for the in-depth interview and observation guides in Appendix B.1 from The Weaning Project, Department of Health, Indonesia.)

GUIDE 5/6 : SUMMARY

I. BREASTFEEDING PATTERN	YES	NO
◦ given colostrum	_____	_____
◦ equal use of breasts: reported	_____	_____
◦ equal use of breasts: observed	_____	_____
◦ continues breastfeeding during infant illness	_____	_____
◦ feed on demand (at least 0-6 months)	_____	_____
◦ other milks <u>not</u> used as breast milk substitute	_____	_____
○ breastfeeds confidently at least during first 6 months (does not report feedings of not enough milk, too busy, or that child doesn't want)	_____	_____

PERFECT SCORE: 7

II. GENERAL FEEDING PATTERN

Birth 15 days 1mo 2mo 3mo 4mo 5mo 6mo 7mo 8mo

prelacteal

breastfeeding only

breastfeeding & other milk

breastfeeding & other food

breastfeeding & other food & milk

foods only

INSTRUCTIONS

For each phase of feeding experienced by the child, draw in a bar on the chart indicating the timing. For example: The bars represent a child who experienced a 2-day prelacteal period, an exclusive breastfeeding period of almost 2 months and then a mixed breastfeeding/food period until its current age of 8 1/2 months.

GUIDE 5/6: SUMMARY

III. FOOD DISTRIBUTION: From the food history and record of what is given now list the principal foods that are given in each category at the following intervals.

	CARBOHYDRATES	PROTEIN	VEGETABLE
1 month	bubur		
3 months	bubur, pisang		
5 months	bubur, pisang		
7 months	bubur, pisang	tahu	
9 months	nasi, pisang, krupak	tahu, tempeh	sawi
11 months	masi, krupuk	tempeh, ikan	bayam
1 yr., 3mo.			
1 yr., 6 mo.			
1 yr., 9 mo.			
2 years			

(filled out with example)

FEEDING	YES 3	SOMETIMES 2	NO 1
mother feeds child or is with child			
mother encourages child to eat when child loses interest or is distracted			
mother feeds child with appropriate small spoon			
mother has measured our food/is aware of quantity			
mother is conscious of hygiene			

PERFECT SCORE : 15

Appendix B.5

SAMPLE DIET HISTORY

(From: Griffiths, M. et al. *Improving young child feeding during diarrhea: A guide for investigators and program managers*. Arlington, VA: PRITECH/USAID, 1988.)

DIET HISTORY AND CURRENT DIET ANALYSIS FORM

Child: _____
 Age: _____
 Community: _____

Mother/Principal Caretaker: _____
 Current Morbidity Status: _____
 Nutritional Status: _____

Diet Analysis:	BF Freq	Freq Liquid Feeds	Freq Solid Feeds	AMT	Variety of Foods	Hygiene	Feeding Style
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

MONTHS CHILD IS 11 MONTHS OLD

	BIRTH	1	2	3	4	5	6	7	8	9	10	11	1 YR.		1 1/2 YRS.				2 YRS.						
FOODS (Examples)													12	13	14	15	16	17	18	19	20	21	22	23	24

Colostrum ○

Breastmilk | _____ |

Other Milk
 cow powder formula | _____ | > 0 (dot represents foods eaten on day of interview)

Corn Flour Porridge | _____ |

Soft Corn Porridge | _____ |

Packaged Baby Cereal

Sour Milk | _____ | > 0

Boiled Greens | _____ | > 0

MONTHS CHILD IS 11 MONTHS OLD

BIRTH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

1 YR. 1 1/2 YRS. 2 YRS.

Adult Corn Porridge | _____>0

Meat Relishes | _____>0

Bottle

Cup | _____|

Spoon | _____>

Plate/Bowl | _____>

Appendix B.6

RECIPE TRIALS RECORDING AND ASSESSMENT FORMS

(From: Samba, N.K. *Improving infant and young child feeding practices in the Gambia*. PRITECH/ USAID, 1992.)

RECIPE TRIAL RECORDING FORMS

FORM RT-1

Location : _____ Date : ____ / ____ / ____

NAMES OF PARTICIPANTS	AGE OF YOUNGEST CHILD (MONTHS)	USUAL FEEDING
1.		
2.		
3.		
4.		
5.		

Recipe for usual method of preparing pap:

AMOUNT OF INGREDIENTS	AMOUNT USED (LOCAL MEASURE)	AMOUNT USED (mls)
Millet: (fermented: Y/N)		
sugar		
salt		
milk		
water		
sour milk		
Size of serving		

Time began: _____ **Time ended:** _____

[Only record the time taken to prepare the recipe.]

Probes:

Ask why, when, how much, and how for ingredients and method, including method of fermentation, sieving, whether the solid or liquid fraction of "ogi" is used, order of adding ingredients. How do other mothers do it differently? Why?

Once pap is cooked, probe on serving size and number of meals, and how other mothers compare it with their usual pap in terms of consistency, taste, response of child, availability of ingredients, amount of time for preparation.