**Wollo University College of health science, school of nursing, department of pediatrics and child health nursing questionnaire to asses timely initiation of breast-feeding practice and associated factors among recently delivered mothers in Mizan-Aman town, southwest Ethiopia,2018**

**Section 1**: **Socio-Demographic data of mother and child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Questions | Answers | Code | Skip |
| 1 | Type of respondent | 1. Mother 2.Caregiver  | 0102 |  |
| 2 | Family size  | 1.≤3 2.4-63.>6  | 010203 |  |
| 3 | How old are you?  | -----------------------  |  |  |
| 4 | What is your current marital status?  | 1.Single 2.Married3.Divorced 4.Widowed | 01020304 |  |
| 5 | What is your level of education? | 1. Unable to read and write
2. Able to read and write
3. Primary education
4. Secondary education
5. College and above
 | 0102030405 |  |
| 6 | What is your religion?  | 1. Orthodox
2. Protestant
3. Muslim
4. Other (specify)-------------------
 | 01020304 |  |
| 7 | Which ethnic group do you belong to?   | 1. Bench
2. Kaffa
3. Amhara
4. Oromo
5. Others (specify)----
 | 010203040506 |  |
| 8 | What is your current occupation?  | 1. Private employee
2. Civil servant
3. Daily laborer
4. Trader
5. Farmer
6. House wife
7. Other (Specify)-----------------
 | 01020304050607 |  |
| 9 | What is the approximate household income from all the sources per month in Ethiopian Birr?  | 1.< 500 ETH Birr2.500-1000 ETH Birr3.1001-1500 ETH Birr4.>1500 ETH Birr | 01020304 |  |
| 10 | How old is your (the index) child?  | 1.<1 month2.1month-6month | 0102 |  |
| 11 | Gender of your (the index) child? | 1. Male
2. Female
 | 0102 |  |
| 12 | Birth order of the index child  | 1. birth order 1
2. Birth order 2-3
3. Birth order 4-6
4. Birth order 7+
 | 01020304 |  |
| 13 | Birth spacing with the previous child | 1. No previous birth
2. <24 months
3. ≥24 months
 | 010203 |  |
| 14 | No\_ of children | 1. ≤3 children
2. ≥4 children
 | 0102 |  |

**Section 2: Maternal obstetrics history and health service utilization**

|  |  |
| --- | --- |
| 2 | **Maternal Obstetrics history** |
| 2.1 | How many times do you give live birth?  | ------------------ |
| 2.2 | Have any of your pregnancies resulted in a baby that was born dead (a stillbirth)? | 1. Yes
2. No
 |
| 2.3 | How many of these pregnancies resulted in a baby that was born dead?  | ------------------ |
|  | **Maternal health service utilization** |
| 2.4 | Did you attend the ANC clinic during your last pregnancy?  | 1. Yes
2. No
 |
| 2.5 | If yes, how many times did you attend ANC clinic during the last pregnancy?  | 1. one times
2. two times
3. three times
4. four and above times
 |
| 2.6 | Did you get breast feeding counseling at ANC clinic? | 1. Yes
2. No
 |
| 2.7 | Where did you give birth? | 1. Health facility
2. At home
 |
| 2.8 |  Who delivered you?  | 1. Health professionals
2. Traditional birth attendant
 |
| 2.9 | What was the mode of delivery? | 1. CS delivery
2. Normal spontaneous delivery
3. Instrumental delivery
 |
| 2.10 | What were your major reasons for giving birth in Health facility?  | 1. Pre-planned
2. Need skilled attendant
3. Problem during labor
4. Need clean/safe place
 |
| 2.11 | What were your major reasons for giving birth at Home?  | 1. Lack of transport
2. Home delivery is the usual place
3. More comfortable
 |

**Section 3: Infant Feeding Practices**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Questions | Answers | Code | Skip |
| 3.1 | Did you feed breast milk for this index during the first one hour after birth? | 1.Yes 2.No  | 0102 | If, no skip to ques 3.4 |
| 3.2 |  If yes, when did you initiate breast feeding (name of the index child) after birth? | 1. Within 1 hour
2. 1Hr-6Hrs
3. 7-12 hour
4. 1 day
5. 2-3 days
6. Other(specify)-----
 | 010203040506 |  |
| 3.3 | If the answer is greater than one hour, why you did delayed breast feeding initiation more than one hour? | 1. Maternal medical illness2. the baby get medical illness3.My breast has no milk4. I was exhausted by surgical operation5. Other(specify)----- | 0102030405 |  |
| 3.4 | Did you give anything to drink and/or eat before breast milk within 3 days for your child, after delivery? | 1.Yes 2.No   | 0102 |  |
| 3.5 | Why did you give anything to drink and/or eat before breast milk after delivery? (Multiple responses Is possible) | 1. Breastfed for newborns will be thirsty
2. for child growth
3. Breast feeding problem
4. Maternal medical illness
5. cultural practice
6. To calm/soothe the baby
7. To clean infant’s bowel/throat/mouth
 | 01020304050607 |  |
| 3.6 | Who advised you to provide your child with such type of food/ fluid? | 1. My own decision
2. Grandparents
3. Traditional birth attendant
4. Husband
5. Friends
6. Health personnel
7. Others specify-----------
 | 01020304050607 |  |
| 3.7 | Did you feed colostrum (the first yellow milk) for this index during the first five days after birth? | 1.yes2.no | 0102 |  |
| 3.8 | If question 3.7 is no, why you avoid colostrum for your child?  | 1. Maternal medical illness2. for the child growth3.My breast has no milk4. Cause Abdominal discomfort and diarrhea5.Other (specify)------------------  | 0102030405 |  |

**Section 4: Mother’s knowledge on breastfeeding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4.1 | Did you get breastfeeding counseling at ANC clinic? | 1. Yes
2. No
 | 0102 |  |
|  | If yes, what did you know about breast feeding? |  |  |  |
| 4.2 | Benefits of breastfeeding |  1.yes  2.No | 0102 |  |
| 4.3 | Positioning of the baby |  1.yes  2.No | 0102 |  |
| 4.4 | Exclusive breastfeeding |  1.yes  2.No | 0102 |  |
| 4.5 | Management of breast problem |  1.yes  2.No | 0102 |  |
| 4.6 | Expression of breast milk |  1.yes  2.No | 0102 |  |