



Center for Economic Development and Administration (CEDA)

Tribhuvan University
Kirtipur, Kathmandu



Baseline Survey on Community Challenge Fund

B.S. 2070 (August – October 2013)

SECTION 6-10 REPRODUCTIVE HEALTH AND CHILD NUTRITION QUESTIONNAIRE

SECTION 06: HEALTH

[Respondent: Eligible Women]

Name and code of VDC: _____ Name and Code of CO: _____

Household No. (copy from Q104) Name and ID Code of Respondent -HH Roster_

601. Were you or any of your children who are younger than 36 months sick in the last 30 days? Yes.....1, No.....2 → Section 7

I D C O D E (Enter from section 3)	602. Name of the person that was sick	603. What type of illness does [NAME] suffer from last time during the past 30 days? Diarrhoea.....1 Dysentery.....2 Pneumonia/Cough..... 3 Malaria.....4 Other fever5 Skin disease.....6 TB.....7 Measles.....8 Jaundice9 Parasites10 Injury.....11 Pregnancy related complications.....12 Other (specify).....13	604. Where did [NAME] go for the first consultation of the illness reported in Q.603? <u>GOVT. HEALTH INST.</u> SHP.....1 HP.....2 PHC.....3 Govt. hospital.....4 Mobile clinic.....5 Ayurvedic centre.....6 <u>PVT. HEALTH INST.</u> Pharmacy/Clinic..... 7 Pvt. hospital.....8 Health worker's home...9 Traditional healer.....10 Other.....11 Not consulted.....12 →606	605. Whom did [NAME] first consult with of the illness reported in Q.603? Doctor.....1 Paramedic (HA,SAHW, AHW, ANM).....2 Kaviraj/Vaidya.....3 Untrained Pharmacist.....4 Traditional Healer.....5 Other.....6 <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">→ Go To Next Member</div>	606. Why didn't you consult for the illness? No money.....1 Illness not serious2 Health worker far.....3 No good health worker4 Treatment expensive.....5 Don't know about health institution6 Other.....7

SECTION 07: KNOWLEDGE ON MATERNAL AND CHILD NUTRITION

Knowledge on Maternal and Child Nutrition

Now I'd like to ask you some questions about the nutrition for under 2 children.

701. In your opinion, what should be done with the first milk (colostrums)?

- Given to baby.....1
 Thrown away.....2
 Other (specify)3
 Do not know.....8

702. In your opinion, for how long should a newborn infant be given nothing but breast milk?

- Less than 6 months.....1
 6 months.....2
 More than 6 months.....3
 Do not know.....8

703. In your opinion, what foods are best to feed children aged 6-24 months 30 days in addition to breast milk? **(DO NOT DO NOT PROMPT THE MOTHER. CHECK ALL FOODS THE MOTHER MENTIONS UNPROMPTED)**

A. Item	B. Mentioned...1 Not Mentioned..2
01. Porridge that is not enriched with other foods	
02. Porridge that is enriched with other foods/sarbottam pitho	
03. Yellow, orange and green vegetables	
04. Fruits	
05. Eggs	
06. Milk or yogurt	
07. Chicken or meat including liver	
08. Ghee, butter, or oil	
09. Lentils/pulses	
10. Other (specify)	

704. How many times a day should a 6-11 month old baby be fed a meal in addition to breast milk?

- Number of times
 Do not know.....98

705. How many snacks a day should a 12-24 month old baby be given in addition to breast milk?

- Number of times
 Do not know.....98

706. In your opinion, should you breastfeed your baby less, the same or more than usual during an episode of diarrhea?

- Less than usual.....1
 Same as usual.....2
 More than usual.....3
 Do not know.....8

Now I'd like to ask you some questions about the nutrition for women.

707. In your opinion, at least how many times should a pregnant mother visit for ANC check up, 1, 2, 3, 4 or more?

- Number of visits
 Do not know.....8

708. When should a pregnant woman start iron supplementation (in months)?

- After months.....
 Do not know.....8

709. When should a pregnant woman take deworming tablets (in months)?

- After months.....
 Do not know.....8

710. When should a recently delivered woman take Vitamin A capsule (within days of delivery)?

Within days of delivery
Do not know.....98

711. In your opinion, is it best for a pregnant woman to eat less food, the same amount or more food than she ate before becoming pregnant?

More than usual.....1
Same as usual.....2
Less than usual.....3
Do not know.....8

712. In your opinion, what are good foods for a woman to eat during her pregnancy? (**DO NOT PROMPT THE MOTHER. CHECK ALL FOODS THE MOTHER MENTIONS UNPROMPTED**)

A. Item	B. Mentioned...1 Not Mentioned..2
1. Yellow, orange and green vegetables	
2. Fruit	
3. Eggs	
4. Milk or yogurt	
5. Meat	
6. Beans/pulses	
7. Other (specify): _____	

Now I would like to ask you about health, tobacco and alcohol consumption.

713. With whom do you usually seek advice on maternal and child health issues? (Circle all responses given, ask open-ended)

A. People giving advice	B. Yes...1 No..2
1. FCHV	
2. AAMA Mothers group	
3. MCHW/VHW	
4. Other Health Workers	
5. Local private pharmacy	
6. Traditional healers	
7. Family members	
8. Other (specify): _____	

714. What kind of salt do you normally use in your house?

Aayunoon/Two child logo salt.....1
Other salt.....2

715. Are you smoking, chewing tobacco and drinking alcohol regularly?

Yes smoking and taking tobacco1
Yes drinking alcohol2
Yes taking both3
No, taking nothing4

SECTION 08: MATERNAL HEALTH

[Respondent: Eligible Woman]

A. Antenatal Care

801. How old were you when you got married?

Age (in years)

802. Was the marriage arranged?

Yes.....1

No.....2

803. Are you currently pregnant?

Yes.....1

No.....2 → 806

804. How long have you been pregnant for?

Number of months

(Write 0 if less than 1 month)

805. Is this your first pregnancy?

Yes.....1 → Section 10

No, and have kids who are alive...2

No, and other kid(s) died.....3 → Section 10

806. During your pregnancy with your youngest child (name: _____), how many times did you receive antenatal care?

Number of times

807. Did you receive TT injection at any time during this pregnancy (with name)?

Yes.....1

No.....2 → 809

808. While pregnant with (name of youngest child), how many times did you receive such an injection?

Number of times.....

809. When you were pregnant with (name of youngest child), did you receive iron tablets?

Yes.....1

No.....2 → 812

810. How many days during your pregnancy did you take the iron tablets?

Number of days

811. If yes, from where? (Choose all that apply, ask open-ended)

A. Place where the tablets were taken	B. Yes...1 No..2
1. FCHV	
2. Health Facility	
3. Clinic/pharmacy	
4. Other (specify): _____	

812. During your last pregnancy, (with name) did you take de-worming tablet?

Yes.....1

No.....2

813. Did you suffer from night blindness or *ratandho* in your last pregnancy?

Yes.....1

No.....2

B. Postnatal Care

814. Where did you give birth in your most recent delivery?

- Home.....1
- Government hospital.....2
- PHC/HP/SHP.....3
- Private hospital/nursing home.....4
- Field/jungle.....5
- Other (specify)6

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815. Who assisted with your most recent delivery?

- Doctor.....1
- Staff nurse/ANM.....2
- HA/AHW.....3
- MCHW.....4
- FCHV.....5
- TBA.....6
- Untrained household member/neighbor.....7
- Other (specify)8
- No one.....9

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816. In the first 42 days after delivery, did you take Vitamin A capsules?

Yes.....1

No.....2 →818

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817. If yes, from where did you receive?

FCHV.....1

Health workers (Dotor/HA/Staff

Nurse/ANM/CMA/Compunder/etc).....2

Other (specify)3

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818. Are you or your husband currently using any family planning method?

Yes.....1

No.....2

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SECTION 09: BREASTFEEDING

[Respondent: Eligible Woman]

A. Breastfeeding

901. Did you ever breastfeed to your youngest child (name of child)?

Yes.....1

No.....2 →904

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902. How long after giving birth did you first put (name of child) to the breast ?

Hours (If less than 1 hour, record '00' hours.

Convert days to hours.)

903. During the first three days after delivery, did you give (name) the liquid that came from your breasts?

Yes.....1

No.....2

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904. In the first three days after delivery, was (name) given anything to drink other than breast milk?

Yes.....1

No.....2 →906

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905. What was (name) given to drink during that time? Anything else?
(Circle all responses given)

A. Liquid Food	B. Fed...1 Not fed..2
01. Milk (other than breast milk)	
02. Other mother milk	
03. Plain water	
04. Sugar or glucose water	
05. Gripe water	
06. Sugar-salt-water solution	

07. Fruit juice	
08. Infant formula	
09. Honey	
10. Other (specify): _____	

906. For how many months did you exclusively breastfeed (name)?

(If less than one month record 00 months.)

Number of months

Still breastfeeding.....99

907. For how many months did you breastfeed (name)?

(If less than one month record 00 months.)

Number of months

Still breastfeeding.....99

908. ENUMERATOR: Is [name] younger than 24 months or older?

Younger than 24 m 30 d.....1

Older than 24 m 30 d.....2 →Section 10

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909. Are you still breastfeeding (name)?

Yes.....1

No.....2 →911

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910. How often did you breastfeed your child (name) day and night during last 24 hours?

Number of times →912

(Go to Q911 if answer is 0, if more than that go to Q912)

911. If not breastfeeding, why not?
(Circle all responses given, ask open-ended)

A. Reasons for not breastfeeding	B. Yes...1 No..2
1. No milking	
2. Inadequacy of breastmilks	
3. Work load/lack of time	
4. Child ill	
5. Other (specify): _____	

912. Did (name) drink anything milk or liquidy from a bottle with a nipple yesterday or last night?

Yes.....1

Nothing.....2

Do not know8

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B. Child Nutrition (0-24 month children)

913. Now I would like to ask you about (other) liquids or foods that (name) may have had yesterday during the day or at night.. (Ask all items one after another) Did (name) drink/eat:?

A. Item	B. Code Yes.....1 No.....2 Don't Know...8
01. Breast milk	
02. Plain water	
03. Milk such as commercially produced infant formula	
04. Any fortified, commercially available infant and young child food (e.g. Cerelac, <i>sarvottam pitho</i>)	
05. Any other porridge or gruel	
06. Fresh animal milk	
07. Yogurt or other milk products	
08. Rice, chapattis other foods made from grains such as millet, maize, lito	
09. White potatoes or other [roots] tubers	

10. Pupmkin, carrots, or other yellow or orange vegetables	
11. Ripe mangoes, papaya, or other yellow or orange fruits	
12. Any dark green leafy vegetables	
13. Other fruits such as banana, orange, apple	
14. Eggs	
15. Any meat such as goat, lamb, chicken, pork, ducks	
16. Any organ meat such as liver, kidney	
17. Fresh or dried fish or shellfish/dried meat	
18. Snails or other small protein foods	
19. Lentils, beans, peas, or nuts	
20. Any oils, fats or foods made with any of these foods	
21. Tea	
22. Sugary foods such as sweets, chocolate	
23. Processed foods such as biscuits, noodles	
24. Any other solid or soft foods? (Specify) _____	

914. How many times did (name) youngest child eat solid, semi-solid, or soft food other than liquids yesterday during the day or at night?

Number of times

Do not know.....98

915. What type of food consistency is usually given to the child?

A. Type of food	B. Given...1 Not given..2
1. Solid (Dal Bhat Vegetable)	
2. Semi-solid (Jaulo/Porridge)	
3. Mashed/pureed	
4. Liquidy	
5. Other (specify): _____	

916. Did the child receive vitamin A capsule within the last 6 months?

Yes.....1

No.....2

Child below 6 months old.....3

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917. How many hours were you away from your child due to work or other reasons during the past 24 hours?

Number of hours

(If answer is no or less than 1 hour, record 00)

918. Did you say you would feed the baby later when he/she (name) expressed the desire for it (within the last 24 hours)?

I did.....1

I did not.....2

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SECTION 10: ANTHROPOMETRIC MEASURES

[Respondent: Eligible Women and Child]

Name and ID Code of Eligible Woman -HH Roster_

A. Weight and height measurement of the female respondent

Now, I would like to talk to you about your physical feature and request for measuring weight and height

1001. Weight of the female respondent (in kilograms).....

1002. Height of the female respondent (in centimeters)

(Scale the height in nearest 0.5 centimeter, for example, if the height is 150.4-150.7 write 150.5, if the height is

150.8 or 150.9 write 151.0).....

B. Anthropometry

1003. How many children under 3 years (0-36 months or up to 36 months 30 days) of age in your household from the eligible woman?

[If this is 0, it is the end of the interview.]

If child is below 24 months 30 days, ask the mother to hold the child, weigh both mother and child. If the child is 25 months or older, do not fill out Q1004-1006.

1004. Weight of mother holding child #1 (kilograms)

ID CODE OF CHILD 1 (HH Roster)

1005. Weight of mother holding child #2 (kilograms)

ID CODE OF CHILD 2 (HH Roster)

1006. Weight of mother holding child #3 (kilograms)

ID CODE OF CHILD 3 (HH Roster)

According to Q1003, ask the following questions about children under 3 years (0-36 months) of age and measure weight and height of those children. If the child is below 24 m 30 d ask the mother to hold the child and take measurements of both together, and then calculate the child's weight deducting that of the mother's.

ID CODE of Children (From HH Roster)	Name of Child	1007			1008	1009	1010	1011	1012	1013	1014	1015
		Date of Birth of Child										
		DD	MM	YY	Was there any problem at delivery of this child (delivery complications)? Yes.....1 No.....2	How long was the child breastfed? (Specify breastfed period in months. If not breastfed, write 00. If currently breastfeeding, write 99)	Has child been occulated? [BCG(1); DPT(3); Polio(3); Measles(1)] Fully occulated..1 Being fully occulated.....2 Not occulated...3	Height of Child (to nearest 0.5 cm) If height not measured record 999 and go to Q1013	Height is measured laying or standing Laying ...1 Standing ..2	Weight of Child If weight not measured record 999 and go to Q1015	Was child weighed with the mother or alone? Alone.....1 With mom..2 <div style="border: 1px solid black; padding: 5px; display: inline-block;">→ Go To Next Member</div>	Reason for not taking Height/Weight (If you filled out 999 for question 1011 or 1013) Child not at home1 Child was sick.....2 Not allowed to take Height/Weight.....3 Other (Specify)4