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Global Epidemiology

Aryeh D. Stein Faculty Thesis Advisor Maternal prenatal attitudes and postnatal breastfeeding behaviors in rural Bangladesh

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An abstract of
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Abstract

Maternal prenatal attitudes and postnatal breastfeeding behaviors in rural Bangladesh By Elaine A. Yu

Objective: We assessed the relationships between psychosocial constructs (maternal intention, attitudes, self-efficacy, breastfeeding knowledge) at 7 mo gestation and exclusive or full breastfeeding at 3 mo postpartum.

Design: Prospective longitudinal cohort study with structured home interviews during pregnancy and 3 mo after delivery.

Setting: Two rural sub-districts (Karimganj; Katiadi) of Kishoreganj district, Bangladesh.

Subjects: Mother-infant dyads.

Results: Over 75% of 1470 pregnant women intended to exclusively breastfeed (EBF). Maternal positive attitudes, self-efficacy, and knowledge about breastfeeding were positively associated with intentions to EBF during the 3rd trimester of pregnancy (all p<0.05). All mothers reported initiating breastfeeding, and nearly all children were still breastfed at 3 mo. According to 24-hour dietary recalls, we categorized 639 (43.5%) infants as EBF (47.2% among mothers with intention; 31.0% no intention), and 389 (26.5%) infants as predominantly breastfed (PBF) (25.2% intention; 30.7% no intention) at 3 mo. Prenatal maternal intention to EBF was associated with EBF (aOR 1.35, 95% CI: 1.02-1.80) and full breastfeeding (aOR 1.29, 95% CI: 0.98-1.70) at age 3 mo, adjusting for covariates. EBF and full breastfeeding at age 3 mo were not associated (p>0.05) with any other prenatal maternal psychosocial constructs examined, controlling for covariates.

Conclusions: Despite expressed maternal intentions to exclusively breastfeed during pregnancy and universal breastfeeding initiation, prevalences of both exclusive and full breastfeeding at 3 mo remain lower than WHO recommendations. Our findings indicate associations between EBF intention and postnatal breastfeeding behaviors, suggesting the importance of prenatal intention and psychosocial factors in supporting optimal infant feeding behaviors.

Maternal prenatal attitudes and postnatal breastfeeding behaviors in rural Bangladesh

Ву

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### **Chapter I: Literature Review**

### Benefits and Consequences of Appropriate Infant and Young Child Feeding

An extensive literature has developed on the benefits of breastfeeding for infant health. Reviews from research and policy perspectives have summarized studies published over several decades, including a series of American Academy of Pediatricians policy statements (1997, 2005, 2012).(1-3) Since the 1980's, many studies have established that breastfeeding is associated with decreased incidence and severity of diarrhea, bacterial meningitis, bacteremia, acute respiratory infection (ARI), otitis media, botulism, urinary tract infection, necrotizing enterocolitis, and late sepsis in preterm infants.(1-3) More recently, research in the past decade has indicated associations between suboptimal breastfeeding and longer-term outcomes, including diabetes, developmental delays, and neurodevelopmental impairments.(2, 3)

As part of efforts to improve infant and young child feeding (IYCF) practices, breastfeeding behaviors were defined by the World Health Organization (WHO) and UNICEF.(4)

Exclusive breastfeeding (EBF): Only breast milk (including milk expressed or from a wet nurse) with the exceptions of oral rehydration solution (ORS), drops, syrups (vitamins, minerals, medicines)

**Predominant breastfeeding** (PBF): Breast milk (including milk expressed or from a wet nurse) as the predominant source of nourishment, however allows for certain liquids (water and water-based drinks, fruit juice), ritual fluids, ORS, drops, syrups (vitamins, minerals, medicines)

Complementary feeding: Breast milk (including milk expressed or from a wet nurse) and solid or semi-solid foods, however allows for any foods or liquids including non-human milk and formula

**Breastfeeding:** Breast milk (including milk expressed or from a wet nurse) and solid or semi-solid foods, however allows for any foods or liquids including non-human milk and formula

Exclusive breastfeeding (EBF) is widely considered the ideal infant feeding practice for healthy development during the first 6 months of life.(5, 6) Consequences from early exclusive breastfeeding attrition include increased mortality and morbidity risks (related to diarrhea and ARI), as evident in a number of studies.(7) According to a recent a meta-analysis, infants not breastfed had an excess risk of diarrhea incidence (RR: 2.7, 95% CI: 1.7-4.1) and mortality (RR: 10.5, 95% CI: 2.8-39.6), compared to exclusively breastfed children between 0-5 months.(8)

The WHO and UNICEF jointly recommend EBF from birth to six months, and complementary feeding until 2 years of age.(5, 6) Since the late 1970's, the WHO and UNICEF have supported breastfeeding through several initiatives and statements, including the: Baby-Friendly Hospital Initiative; Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding; WHO/ UNICEF joint statement for Protecting, Promoting, and Supporting Breastfeeding; and WHO International Code of Marketing of Breast Milk Substitutes.

### **Global Patterns in Breastfeeding**

Globally, 36% of infants are EBF during the first 6 months of life, according to an estimate from country-level data in the World Health Statistics 2011 (WHO).² Across 125 countries, prevalences of EBF infants under 6 months range from < 1% to 88%.(9) Forty-four percent of infants under 6 months are EBF in the WHO region (South-East Asia) that Bangladesh is categorized in.(9) Lower mean EBF proportions of children under 6 months are reported for the other WHO geographic regions (African 13%; Region of the Americas 30%; European 23%; Eastern Mediterranean 35%). According to income-based WHO categories, low-income countries have a higher proportion (41%) of EBF among infants under 6 months, relative to low-middle (36%), middle (33%), and high (17%) income groups.(9)

Breastfeeding in Bangladesh

Table L1. EBF Prevalence in Bangladesh

_	Year		BF Ini	tiation	•	E	BF	
				N	Infants	N	Infants	N
					<4 mo		< 6 mo	
BDHS 2007 (NIPORT)(10)	2007	National: Total	97.8%	6058			42.9%	
Bangladesh Multiple Indicator Cluster Survey (BD Bureau of Statistics (BBS)/UNICEF)(11)	2007	National: Total			49.7%	1338	37.4%	
		Children by area: Rural			50.2%	983	37.7%	1717
Child and Mother Nutrition Survey of Bangladesh (BBS/UNICEF)(12)	2005	National: Total					58.4%	
, ,		Children by area: Rural					59.1%	
BDHS 2004 (NIPORT)(13)	2004	National: Total Children by area: Rural	98.1% 98.2%	7002 5610	44.4%	441	36.2%	682
BDHS 1999-2000(14)	1999-2000	National: Total Children by area: Rural	97.1% 97.1%	6939 5797	52.8%	546	46.1%	771
BDHS 1996-1997(15)	1996-1997	National: Total Children by area: Rural	96.6% 96.7%	6230 5673	50.9%	437	45.1%	321
BDHS 1993-1994(16)	1993-1994	National: Total Children by area: Rural	96.2% 96.2%	3926 3531	53.5%	414	45.9%	625

WHO Global Data Bank on Infant and Young Child Feeding (IYCF): Bangladesh(17)

According to the WHO Global Data Bank on Infant and Young Child Feeding (IYCF), breastfeeding initiation is nearly universal in Bangladesh (97.8%, Table L1).(10) Minimal difference is observed in breastfeeding initiation between rural (97.7%) and urban areas (98.1%). Since the 1990's, national prevalence of breastfeeding initiation has consistently remained over 96%.(13-16)

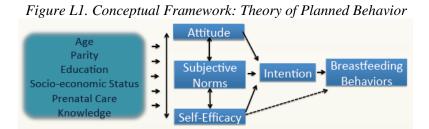
² Global, regional, and income-group aggregate values are calculated as sum totals of EBF infants <6 months, with the combined totals of study populations as the denominator. Countries are only included if data are available for at least 50% of the population.

National prevalence of EBF among infants under 6 months is 42.9% according to the Bangladesh Demographic and Health Survey (BDHS) 2007.(10) Median EBF duration was 1.7 months in 2004, according to BDHS.(13) Over the past two decades, national surveys of EBF have reported EBF (< 6 months) ranging between 36.2-58.4%.(11-16) Although current national recommendations are to EBF until 6 months, previous recommendations were only until 5 months of age in the early 2000's, which could account for some variability of reported EBF prevalence.(18)

Among infants under 4 months, EBF prevalence was 50.2% in rural areas based on the Bangladesh Multiple Indicator Cluster Survey 2007.(11) In previous national surveys since the 1990's, EBF among children less than 4 months ranged between 44.4-53.5% with no clear time trend.(13-16)

# Determinants of Breastfeeding Behaviors Conceptual Framework: Theory of Planned Behavior

Since the development of the Theory of Planned Behavior (TPB), a general psychological model for human behavior, many studies have incorporated the TPB as a theoretical framework to understand determinants of breastfeeding behaviors over the past two decades. According to the TPB, attitudes, subjective norms, and perceived behavioral control predict intention to perform a certain behavior; intention then predicts the behavior.(19, 20) Many studies have found evidence supporting the TPB. In a meta-analytic review of 185 independent studies, 27% and 39% of variances in behavior and intention were accounted for by the TPB framework.(21)



### Previous Studies on Determinants of Suboptimal Breastfeeding

Socio-demographic, Economic, and Biophysical Risk Factors of Suboptimal Breastfeeding

In addition to the intentions for breastfeeding and proximal psychosocial constructs that affect breastfeeding behaviors according to the TPB, many studies have characterized associations between infant feeding behaviors and socio-demographic, economic, and biophysical risk factors. Recent reviews by Dennis *et al.* 2002, Li *et al.* 2005, and Thulier *et al.* 2009 summarize findings(22-24). It should be noted that these studies have predominantly been conducted in the United States (US).

Many studies have shown a positive association between maternal age and breastfeeding duration.(22, 24) Women with increased parity have been observed more likely to breastfeed longer, although parity is closely associated with older age.(24) In previous studies, married women tended to breastfeed more frequently and for longer duration.(22, 24)

Socioeconomic status (SES) is a predictor of breastfeeding behavior with research indicating an positive association between SES and breastfeeding incidence and duration.(22, 24) According to many studies in the U.S., children receiving WIC benefits are less likely to be breastfed.(23, 24)

Research indicates that more years of maternal education is associated with longer breastfeeding duration than women with less education.(22, 24) Women who attend prenatal care are more likely to initiate and continue breastfeeding.(22)

Additionally, prior research has considered many other predictors, including ethnicity, smoking, and biophysical barriers. Ethnicity has been associated with differences in breastfeeding incidence, although causal relationships may be difficult to discern due to racial disparities in socio-economic status.(22, 23) White women tend to be most likely to initiate and continue breastfeeding.(22) Mothers of non-Hispanic black children were observed to have lower rates of breastfeeding compared to other women in the U.S.(23) Biological factors that have been

reported as challenges to sustained breastfeeding include: insufficient milk supply; poor infant health; physical challenges; and maternal smoking.(24)

### Maternal Psychosocial Risk Factors and Knowledge of Breastfeeding Behaviors

This review identified 35 relevant studies regarding maternal psychosocial risk factors and knowledge relating to breastfeeding behaviors, with methodological designs ranging from qualitative assessments, cross-sectional, cohort, and randomized control trials (Table L2).

Between June 2011 and April 2012, published journal articles were identified through PubMed and Google Scholar search engines. Search strategies were based on individual and combinations of search terms including: maternal, psychosocial, attitude, self-efficacy, subjective norms, exclusive breastfeeding, breastfeeding, duration, initiation, attrition, exclusivity, behavior.

Over 75 abstracts were initially assessed based on relevance criteria; articles were then further reviewed. Only articles that were published after 1980 in English were considered. Additional inclusion criteria included: focusing on either maternal breastfeeding intention or behaviors (or both) as outcomes; and assessing maternal psychosocial factors (attitudes, self-efficacy, subjective norms) and breastfeeding knowledge.

Geographic locations included Australia, Canada, Mozambique, and Hong Kong, however nearly all studies were in well-resourced countries, particularly the United States (US). Sample populations of women ranged from those with lower incomes (Medicaid, WIC recipients) to certain ethnic groups (Latina, white) and no previous parity (primigravida), yet there were almost no women from developing countries. Follow-up times ranged between pregnancy and 1 year after delivery. While many studies assess psychosocial factors during postpartum hospital stays, approximately one-third of reviewed cohort studies estimate attitudes, self-efficacy, and perceptions of support during pregnancy.

Specific breastfeeding outcomes (including exclusivity, initiation, and intensity) vary across studies, however a large fraction assesses breastfeeding duration. Many studies center on a

few categories of psychosocial constructs (namely intention, positive and negative attitudes, self-efficacy, subjective norms), although there is much variation within each general group in terms of topics covered (such as worries, embarrassment about breastfeeding). Most studies assess multiple psychosocial risk factors. Some psychosocial scales are considered validated instruments; however a number of publications also create or adapt instruments, and report findings from use of the developed scales.

### **Attitudes**

Studies assessing maternal positive and negative affects towards breastfeeding most often considered breastfeeding duration as the key outcome, although some studies focus on intention and exclusivity as well. Most studies include items to assess both positive and negative sentiments, however a few singularly focus on positive(25) or negative(26) attitudes. A number of studies incorporate attitudinal subscales similar to the Breastfeeding Attrition Prediction Tool (BAPT)(27-32) or Breastfeeding Attitudes

Questionnaire (BAQ).(33) Most studies that assess the influence of maternal attitudes on breastfeeding indicate that stronger positive attitudes increase the likelihood of continued breastfeeding; conversely, stronger negative attitudes increase the chance of shorter breastfeeding duration.(25, 27, 29, 31-41) A few studies found that attitudinal indices did not predict breastfeeding duration(28, 30) and exclusivity(42), however these studies also had a small or non-representative sample, or little variance in reported attitudes. Among studies that assess how predictive attitudes are of intention to breastfeed, attitudes appear to be associated with intention.(29, 39)

Among 587 Australian women recruited from maternity clinics, a prospective cohort study assessed attitudes shortly before or during postpartum hospital stays; and subsequent breastfeeding through telephone follow-up interviews at 4, 10, 16, 22, 32, 40, 52 weeks after delivery. Maternal attitudes were not associated with breastfeeding

duration for most of the time points assessed, with the exceptions of 6 and 12 months.(34)

In the Midwest (US), a study including 602 primagravida mothers similarly conducted in-person interviews during postpartum hospitalization, and telephone follow-up interviews at 1, 3, 6, 9, and over 12 months after delivery. All sub-analyses indicate attitudes associated with breastfeeding behavioral outcomes.(38)

Another study in the Midwest with postpartum interviews, and telephone follow-ups (only to 16 weeks after delivery) additionally randomly assigned interventions (formula samples, manual breast pump, formula and breast pump). In all three groups, attitude regarding infant feeding choice significantly predicted partial breastfeeding duration, controlling for other demographic and intervention-related covariates.(36)

### **Self-Efficacy**

Previous literature considering the effects of maternal confidence on breastfeeding behavioral outcomes primarily draws from several instruments, including the Breastfeeding Self-Efficacy Scale (BSES), BAPT, or adaptations (BSES-Short Form (BSES-SF)). Many studies report a positive relationship between self-efficacy and appropriate breastfeeding behaviors (duration, (33, 37-40, 43) attrition, (27, 31, 32, 44) exclusivity (43, 45)). However, some studies show no associations. (26, 28, 30, 35)

A prospective cohort study among British Columbian women administered the unabbreviated BSES during pregnancy, and followed women 6 weeks after delivery.(44) Higher BSES scores were associated with increased likelihood that mothers were EBF at 6 weeks postpartum.

In a longitudinal study among women in Australia, the BSES-SF assessed self-efficacy during postpartum hospital stays; and self-administered questionnaires mailed at 1, 4, and 8 weeks after delivery documented early breastfeeding attrition.(43) Study

results confirmed that the BSES-SF measure of confidence was predictive of discontinued breastfeeding.

### **Intentions to Breastfeed**

Compared to other psychosocial factors (attitudes, self-efficacy, subjective norms), relatively fewer studies have assessed the extent to which intention to breastfeed predicts behaviors. Among the relevant studies, all were prospective cohort studies. Findings indicate positive associations between breastfeeding intention and behavior.(35, 37, 39, 46, 47)

### **Knowledge**

Among studies considering the influences of maternal knowledge regarding breastfeeding on infant feeding practices, most indicate that knowledge predicts breastfeeding initiation(26, 48) and intention.(49) However there is no association with EBF, according to a cross-sectional study among 599 Jamaican women.(42) Enrolling primiparous women from prenatal clinics and schools in the Midwest (US), a randomized controlled trial with an education and counseling intervention found that breastfeeding knowledge predicts initiation (OR: 1.12, 95% CI: 1.03-1.22).

Table L2. Attitudes, Subjective Norms, Perceived Control, Intentions, & Other Psychosocial Factors Influencing Breastfeeding Behaviors

Authors	Study Design	N	Location	Sample	Outcome		<b>Exposure</b> + 0 - = direction of association with			Results / Notes
						+ 0 - =			tion with	
								tcome		
						Attitude	Perceived Control	Subjective Norms	Others ³	
		_		Rando	omized Contro	olled Trial		1101111		
Wambach <i>et al</i> 2011 (48)	RCT with education/counseling intervention	289	Midwest, US	women enrolled from prenatal clinics and	BF initation			+	Intervention; + Knowledge;	Breastfeeding knowledge (OR: 1.12, 95% CI: 1.03-1.22) Study group (OR: 1.59, 95% CI: 0.70-3.61) Intention (OR: 1.86, 95% CI: 1.44-2.40) Social & professional support (OR: 1.07, 95% CI: 1.02-1.12)
				schools	BF duration				+ Intervention	
					EBF				0 Intervention	
Anderson <i>et al</i> 2005 (50)	RCT with EBF peer counseling offered during 3 prenatal, daily perinatal, 9 postpartum home visits, and telephone counseling	162		Expectant mothers (<32 weeks gestational age)	Ever EBF (reported at 3 mo)					The likelihood of nonexclusive breastfeeding throughout the first 3 months was significantly higher for the control than the intervention (99% vs 79%; RR=1.24; 95% CI, 1.09-1.41).
				considering breastfeeding	EBF duration (at 3 mo)					At 3 months, 97% in the control and 73% in the intervention had not exclusively breastfed (relative risk [RR]=1.33; 95% CI, 1.14-1.56) during the previous 24 hours.
Bonuck <i>et al</i> 2005(51)	Randomized nonblinded controlled trial with multi-component breastfeeding promotion intervention (individualized pre- and postnatal) and interviews at baseline (prenatal) and 1,2,3,4,6,8,10,12 months postpartum	304	New York, US	Prenatal care patients recruited from 2 hospital- affiliated health centers	BF intensity				+ Intervention	In multivariate analyses, control subjects had lower breastfeeding intensity at 13 weeks (odds ratio [OR]: 1.90; 95% confidence interval [CI]: 1.13–3.20) and 52 weeks (OR: 2.50; 95% CI: 1.48 – 4.21).
Chapman et al 2004	Randomized prospective controlled trial with prenatal recruitment, and random assignment to either routine breastfeeding education or education with peer counseling interventions. Peer counseling included 1 prenatal home visit, daily perinatal visits, 3 postpartum home visits, and telephone contact. Interviews at 48 hrs; 1, 3, 6 months postpartum	165	Connecticut, US	(Latina, urban)	BF at birth, 1, 3, 6 months				+ Intervention	The proportion not initiating breastfeeding was significantly lower in the intervention group than among controls (8/90 [9%] vs 17/75 [23%]; relative risk, 0.39; 95% confidence interval, 0.18-0.86). The probability of stopping breastfeeding also tended to be lower in the intervention group at both 1 month (36% vs 49%; relative risk, 0.72; 95% confidence interval, 0.50-1.05) and 3 months (56% vs 71%; relative risk, 0.78; 95% confidence interval, 0.61-1.00).

³ Additional exposure variables are only listed if directly relevant to comparison.

					spective Coho	rt Studies				
` '	Cohort study with two contacts during postpartum hospital stay and 8 weeks after delivery.	269	Carolina & Florida, US	Women from 3 hospitals who gave birth to healthy term infants	Early BF attrition	+ (BAPT)	+ (BAPT)	+ (BAPT)		Modified BAPT was an effective predictor of 78% of women who stopped breastfeeding before 8 weeks and 68% of those who were still breastfeeding
(28)	Cohort study with administration of BAPT1 during last pregnancy trimester, BAPT2 during postpartum hospital stay, and telephone interview at 8 weeks.	117	US	Pregnant women intending to breastfeed, attending educational class	BF at 8 weeks	0 (BAPT)	0 (BAPT)	0 (BAPT)		Subjects in the current study were all committed enough to attend breastfeeding class, which differs from women generally (and in other studies)
	Cross-sectional study with administration of BAPT at early postpartum and recruitment from 2 health department maternity clinics			Mexican American pregnant women	BF intention	+ (BAPT)	+ (BAPT)	+ (BAPT)		Not all items loaded significantly.
(30)	Cohort study with administration of BAPT and modified BrAS by phone during pregnancy and at postpartum hospital stay		Carolina, US	Pregnant women in third trimester from public prenatal clinic		0 (BAPT)	0 (BAPT)	0 (BAPT)		The BAPT did not predict early breast-feeding attrition; however, the BrAS did differentiate between the attitudes of breast-feeding women and those of formula-feeding women and had adequate reliability.
(33)	Cohort study with administration of the Breastfeeding Attitudes Questionnaire (BAQ) and Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF) during postpartum hospital stay; and follow-ups at 1 and 4 weeks after delivery			Pregnant adolescents attending prenatal clinic	BF duration (to 4 weeks)	+ (BAQ)	+ (BSES- SF)			Mothers with higher prenatal breastfeeding attitude scores and higher prenatal and postnatal confidence scores were more likely to continue breastfeeding to 4 weeks postpartum.
	shortly before or after postpartum hospital stay; phone follow-ups at 4, 10, 16, 22, 32, 40, 52 weeks after delivery			newborn infants, recruited from 2 maternity clinics		+ (attitudes)			- Difficulties	
Lawson <i>et al</i> 1995 (35)	Cohort study with self- administered pre- and postnatal questionnaires	78	Australia	Primipara women from urban and rural areas, recruited through many sources	BF duration	+ (attitudes)	0 (confide nce)		+ Intention (prenatal)	Results reflect correlations.

Blyth et al 2002 (43	Cohort study with administration	300	Brisbane,		BF duration		+			Antenatal and 1-week Breastfeeding Self-Efficacy Scale
	of BSES during pregnancy (interview) and 1 week postpartum; breastfeeding behaviors assessed at 1 and 4		Australia		(1 & 4 weeks) EBF (1 & 4 weeks)		(BSES) + (BSES)			scores were significantly related to breastfeeding outcomes at 1 week and 4 months. Mothers with high breastfeeding self-efficacy were significantly more likely to be breastfeeding, and doing so exclusively, at 1 week and 4
	weeks postpartum (phone calls)				weeks)		(DSLS)			months postpartum than mothers with low breastfeeding self-efficacy.
Janke 1988 (46)	Hospital questionnaire 1-2 days after delivery, with structured telephone interview 6-7 weeks after.	215			BF duration				Intention to BF +	Greater commitment, more likely woman still breastfed at 6 weeks. Non-significant difference in attrition rates between vaginal versus cesarean births.
De La Mora <i>et al</i> 1999 (IIFAS) (36)	at hospital within 48 hours after delivery; telephone interviews for 1 st 16 weeks after delivery every 2 weeks. 3 randomly assigned interventions: formula samples; manual breast pump; formula + manual breast pump		Midwest, US	Women who initiated breastfeeding while in hospital	BF duration (16 weeks postpartum)	+				Attitude toward choice of infant feeding a significant predictor of duration of partial breastfeeding, adjusting for intervention & demographic factors
Leff <i>et al</i> 1994 (MBFES) (25)	Structured questionnaire mailed to random sample of 1000 18 years+ women who had given birth in the previous year at a hospital	442	New England, US	Mother with infants < 1 years	BF duration	+ (maternal enjoyment /satisfactio n with breastfeedi ng)				
Dennis <i>et al</i> 1999 (BSES) (45)	Convenient sample of women in postpartum hospital unit completed Breastfeeding Self-Efficacy Scale (BSES) as part of longer self-administered questionnaire; telephone interviewed at 6 weeks postpartum	130	Midsize city, Canada	Mothers with newborn infants at large teaching hospital			+ (self- efficacy)			Higher BSES score, more likely mother to be EBF at 6 weeks postpartum
Dennis 2003 (BSES-SF) (44)	Longitudinal study with structured self-administered mailed questionnaires at 1, 4, 8 weeks postpartum among a population-based sample	491	British Columbia	Breastfeeding mothers	Early BF attrition		+ (self- efficacy)			BSES-SF identified mothers at risk of prematurely discontinuing breastfeeding
Piper et al 1996 (47)	National Maternal-Infant Health Survey (1988) data with representative random sampling and postpartum questionnaire		National, US	Breastfeeding women	BF duration (> 6 mo)					Women more likely to breastfeed > 6 mo if fully breastfed during 1 st month postpartum, were nonsmokers, higher parity, consistent with intent, participated in childbirth education classes, and delayed return to work after delivery.
Khoury <i>et al</i> 2005 (26)	Cohort study with self- administered questionnaire via mail and telephone follow-up	733	Mississippi, US	Postpartum women receiving Medicaid	BF initiation (less)	+ (embarrass ment)	0	+	Knowledge +	

Dodgson <i>et al</i> 2003 (37)	Prospective longitudinal design with Minnesota Infant Feeding Questionnaire (MIFQ). In-person interview during post-partum hospitalization; 1,3,6,9,12+telephone follow-ups.			First-time mothers who decided to breastfeed.	BF duration	+	+	+		2 of 3 models based in TPB (1 strict; 2 adapted with perceived control and restricted only to employed mothers) indicated that sub-scales (Antecedent Index related to attitudes/behaviors; Breastfeeding Difficulties Index, Proximity Index) significantly predicted breastfeeding duration.
Duckett <i>et al</i> 1998 (38)	Cohort recruited at large private hospital. In-person interview during post-partum hospitalization; 1,3,6,9,12+	602	Midwest, US	mothers	BF duration	+ (employed )			(homemakers) ; Knowledge	Attitudes toward breastfeeding, attitudes toward bottle- feeding, perceived behavioral control all associated with intention. Attitudes associated with outcomes in all sub- analyses. Perceived behavioral control was strongly
	telephone follow-ups.				BF intention	+	+			associated with specific control beliefs in each group. In addition, referent beliefs and attitude toward breast-feeding were significant predictors of perceived behavioral control in all three groups.
	Cohort with attitudes, subjective norms, intentions assessed in 3 rd				Breastfeeding	+		+	Intention +	Attitudes predict infant-feeding behavior, and previous behavior of multiparous mothers independently/significantly
(53)	trimester of pregnancy; behavior at 6 weeks post-partum self-reported.				duration Intention (for future child)	+		+		behavior of multiparous mothers independently/significantly explained variation in their behavioral intentions. Differential attitude score (breast-feeding attitude score minus bottle-feeding attitude score) was significantly associated with intention.
Janke 1992 (31)	Prospective cohort recruited and interviewed during post-partum hospitalization; 6 & 16 week follow-up.	228, 157	US	Mothers	BF attrition	+	+	+		Attitudes (regarding breastfeeding and formula feeding), professional support, and perceived control over breastfeeding challenges relate to early breastfeeding attrition.
Janke 1994 (32)	Prospective cohort recruited and interviewed during post-partum hospitalization; 8 week follow-up.	201		Post-partum mother planning to breastfeed at least 8 weeks.	BF attrition	+	+	+		Early attrition associated with less (social and professional) breast-feeding support, believing breast-feeding was difficult, and seeing more advantages to formula instead of breast-feeding.
Wambach 1997 (39)		251	Midwest, US		BF intention	+	+			Prenatal attitudes & PBC predicted intentions ( $R2 = 0.23$ ).
	structured interviews during last 6 weeks of pregnancy & 4-6 weeks post-partum			and post-natally	BF duration				Intention +	Intentions weakly predicted duration (R2 = $0.04$ )
	Recruitment from 5 Baltimore	198			BF duration	+	+	+	Intention +	5 factors predictive of breastfeeding duration: anticipated
	hospitals. Prenatal interview in 3 rd trimester; follow-up interviews at 7 days & 8 months post-partum, all by phone.		US	breastfeeding women						length of breastfeeding, normative beliefs, maternal confidence, social learning, and behavioral beliefs about breastfeeding. 6 other factors considered, but not significantly associated.

				Cı	oss-Sectional	Studies				
Mitra <i>et al</i> 2004 (49)	Cross-sectional study with structured questionnaire and convenience sampling	694	Mississippi, US	WIC pregnant women	BF intention	+	+	+	Knowledge +	Predictors on intentions included: fewer children, past breast- feeding experience, and higher scores on the indices of breastfeeding knowledge, self-efficacy, and social support
Chatman <i>et al</i> 2004 (42)	pretested questionnaire	599	Saint Ann, Jamaica	Mother-infant dyads	EBF	0			Knowledge 0	No difference between attitudes and knowledge of EBF and non-EBF. Male partner's role as primary income significantly predicted EBF.
Humphreys <i>et al</i> 1998 (54)	Cross-sectional study with self- administered questionnaire and convenience sampling		Georgia, US	pregnant women	BF intention	+	+	+		Basic correlations between constructs and breastfeeding intention.
Dusdieker <i>et al</i> 1985 (55)	Cross-sectional study with self- administered questionnaire via mail among eligible women from 4 pediatric practice sites		Midwest, US	Primigravida women either breast- or bottlefeeding infants since birth	BF initiation (less)	+ (beliefs& worries)				Multivariate analysis indicated beliefs, worries about breastfeeding, and education predicted initiation.
Ekwo et al 1984 (41)	Cross-sectional study with self- administered questionnaire among eligible women from 4 pediatric practice sites at 8 months after delivery	81	Midwest, US	Primigravida women with newborn infants	BF duration (shorter)	+ (worries & difficulties )				Maternal perception of difficulties with breastfeeding when returning to work, total family income, and worries about demands of breastfeeding all related to shorter breastfeeding duration.
Cleveland et al 2005 (BPEBI) (56)	Cross-sectional study with self- administered questionnaire mailed to random sample of female university/graduate students (69% response rate)	479	West Virginia, US	·	EBF at 8 weeks postpartum		+ (self- efficacy)			Construct validity supported by the explanatory power of personal efficacy beliefs to exclusive breastfeeding during the early weeks after birth
					Qualitative S	tudies				
Arts et al 2011(57)	Qualitative assessment with focus group discussions	342	(, ,	infants	BF initiation & EBF (less)			+		
Bai et al 2009(58)	Qualitative open-ended questionnaire	25	Indiana, US		EBF at 6 months	+	+	+		Participants: 1) value emotional and health benefits of continued EBF for 6 months; 2) feel approval from family and friends but disapproval from society; 3) view health professional's position as positive and negative

#### **Next Steps**

### Gaps in Literature

While a number of studies have investigated the underlying psychosocial factors relating to breastfeeding behaviors, there are few representative studies among women in developing countries. Additionally, many focus on breastfeeding initiation and duration, which are less critical issues in Bangladesh compared to EBF. Little is known about prenatal maternal attitudes, self-efficacy, and psychosocial factors that influence EBF in a rural Bangladesh context.

### Policy Context in Bangladesh

In light of invested financial resources and public policy efforts to improve IYCF in Bangladesh, understanding the determinants of early EBF attrition remains a key issue, in order to effectively address malnutrition and related consequences. Through the past several decades, Bangladesh has supported appropriate breastfeeding practices through national regulatory policy (Ordinance XXXIII on Regulation of Breastmilk Substitutes, 1984), campaigns (1989), declarations (Dhaka Declaration in 1991), and programs (National Nutrition Program in 1995). Recently the Ministry of Health and Family Welfare developed and adopted a national IYCF strategy in 2007, which specifies goals for breastfeeding within the first hour, EBF, complementary breastfeeding.(59) BFHI is the primary national strategy for breastfeeding promotion. However since approximately 90% of births are home deliveries,(13) health care facility-based breastfeeding promotion may have limitations.

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### **Chapter II: Manuscript Draft**

# Maternal prenatal attitudes and postnatal breastfeeding behaviors in rural Bangladesh

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#### **Abstract**

*Objective:* We assessed the relationships between psychosocial constructs (maternal intention, attitudes, self-efficacy, breastfeeding knowledge) at 7 mo gestation and exclusive or full breastfeeding at 3 mo postpartum.

*Design:* Prospective longitudinal cohort study with structured home interviews during pregnancy and 3 mo after delivery.

Setting: Two rural sub-districts (Karimganj; Katiadi) of Kishoreganj district, Bangladesh.

Subjects: Mother-infant dyads.

Results: Over 75% of 1470 pregnant women intended to exclusively breastfeed (EBF). Maternal positive attitudes, self-efficacy, and knowledge about breastfeeding were positively associated with intentions to EBF during the 3rd trimester of pregnancy (all p<0.05). All mothers reported initiating breastfeeding, and nearly all children were still breastfed at 3 mo. According to 24-hour dietary recalls, we categorized 639 (43.5%) infants as EBF (47.2% among mothers with intention; 31.0% no intention), and 389 (26.5%) infants as predominantly breastfed (PBF) (25.2% intention; 30.7% no intention) at 3 mo. Prenatal maternal intention to EBF was associated with EBF (aOR 1.35, 95% CI: 1.02-1.80) and full breastfeeding (aOR 1.29, 95% CI: 0.98-1.70) at age 3 mo, adjusting for covariates. EBF and full breastfeeding at age 3 mo were not associated (p>0.05) with any other prenatal maternal psychosocial constructs examined, controlling for covariates.

Conclusions: Despite expressed maternal intentions to exclusively breastfeed during pregnancy and universal breastfeeding initiation, prevalences of both exclusive and full breastfeeding at 3 mo remain lower than WHO recommendations. Our findings indicate associations between EBF intention and postnatal breastfeeding behaviors, suggesting the importance of prenatal intention and psychosocial factors in supporting optimal infant feeding behaviors.

#### Introduction

Globally over 55% of infant deaths from diarrheal disease and acute respiratory infections are preventable by appropriate breastfeeding and complementary feeding.(1) Suboptimal infant feeding and endemic malnutrition contribute to mortality and morbidity, as well as detrimental long-term developmental consequences, poorer educational performance, and productivity.(2-7)

Although potential benefits and breastfeeding recommendations are widely recognized, EBF remains low in both developed and developing countries. Bangladeshi government policies and non-profit programs have targeted inappropriate infant and young child feeding practices, addressing globally ranked malnutrition indicators (including the 41.3% of underweight children under 5).(8) Yet national prevalence of exclusive breastfeeding through 6 months still has not improved for over a decade, despite nearly universal breastfeeding initiation.(9) There is a need to understand the etiology of early EBF attrition, particularly the role of modifiable risk factors.

Maternal psychosocial factors and intentions to breastfeed have been associated, to varying extents, with infant feeding behaviors in previous literature. A nationally representative United States (US) study among 2372 women found that intentions to partially or fully breastfeed predicted breastfeeding duration (> 6 months).(10) Similarly, in a cohort of 566 Australian women, intention to breastfeed was also positively associated with breastfeeding duration.(11) Among 733 Medicaid recipients in Mississippi, attitudes about benefits and barriers to breastfeeding, health care systems, as well as social support were associated with breastfeeding initiation.(12)

Over the past two decades, many studies have incorporated the Theory of Planned Behavior (TPB), a general psychological model for human behavior, as a theoretical framework to understand determinants of breastfeeding behaviors. According to the TPB, attitudes, subjective norms, and perceived behavioral control predict intention to perform a certain behavior; intention then predicts the behavior.(13, 14) In a meta-analytic review of 185

independent studies, 27% and 39% of variances in behavior and intention were accounted for by the TPB framework.(15)

Among studies assessing maternal psychosocial risk factors relating to suboptimal breastfeeding, sample populations of women have been diverse, yet few are among women in under-resourced countries. Most studies focus on breastfeeding duration (attrition) and initiation; fewer center on EBF.

Our study objective was to further understand the associations between prenatal maternal psychosocial constructs, intentions, and EBF behaviors at 3 months among women and their infants in rural northeastern Bangladesh. In light of the nearly universal breastfeeding initiation, our primary outcomes of interest were exclusive and full breastfeeding.

#### Methods

We conducted a prospective observational study embedded in a larger study of community-based nutrition and infant and young child feeding (IYCF) initiative ("Akhoni Shomay" - Window of Opportunity, CARE-Bangladesh). In the program intervention sub-district (Karimganj), pregnant women and mothers with newborn infants were eligible to voluntarily participate in behavior change communication activities and receive multiple micronutrient supplementation. A non-adjacent sub-district (Katiadi) in the same district (Kishoreganj) served as a control.

Located approximately 117 km from Dhaka, Karimganj and Katiadi are rural agrarian sub-districts with similar socioeconomic and demographic characteristics. Approximately 320,000 individuals in 70,000 households reside in Karimganj; in comparison, Katiadi has a population of 350,000 individuals in 75,000 households. Average household sizes are similar. Children under 5 years represent 17% of the total population in Karimganj, and 15% in Katiadi. Both sub-districts are located in the low-lying *Haor* region of northeastern Bangladesh, which regularly experiences flooding and food insecurity. Several government and non-profit efforts,

including the European Union's "Food Security for the Ultra Poor" and CARE-Bangladesh women's empowerment programs, have centered on Karimganj.

Study participants

Study participants included mother-infant dyads in Karimganj and Katiadi sub-districts, from whom data were collected at approximately 7 gestational months into pregnancy and 3 months after birth between January and December 2011. Recruitment and enrollment of pregnant women occurred in six randomly selected unions from each sub-district (11 total unions in Karimganj; 10 in Katiadi). In each selected union, pregnant women were identified through the assistance of local non-profit organizations. Women between 15-49 years of age in their third pregnancy trimester (26-32 weeks gestational age), and permanently residing in households of selected sub-districts were considered eligible study participants. Exclusion criteria for women included: residing less than 6 months in Karimganj or Katiadi at study enrollment, and any known or suspected chronic or congenital diseases. Sixteen hundred women were interviewed during their third trimester of pregnancy in two data collection waves.

Of the 1600 women, 1598 gave birth to 1607 infants, including 9 pairs of twins. The two remaining women did not give birth within a biologically plausible time period. Exclusion criteria expanded to include: infant deaths; children with any known or suspected chronic or congenital diseases or physical deformities associated with growth problems. Fourteen hundred and seventy infant-mother pairs (92% of 1600 total enrolled) are included in this analysis, due to loss-to-follow up from infant death, migration, refusal to participate, and other eligibility-related reasons.

Study protocol approval was granted by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) Ethical Review Committee. Prior to study enrollment, eligible women were verbally informed about study objectives as well as protocol; only those who willingly signed participation consents were enrolled and interviewed.

#### Data collection

#### Interviews

A team of 20 trained interviewers (11 male; 9 female) conducted structured home interviews during pregnancy at 7 months gestation and 3 months after delivery. Generally the same enumerator did not interview the same study participant twice. Expecting regular seasonal migration of some Kishoreganj residents due to flooding and employment opportunities, interviewers maintained contact with study participants via cellular phones, scheduling home visits in advance as necessary. Nearly every study participant either owns or has access to a cellular phone.

#### Pregnancy Questionnaire

The pregnancy questionnaire included questions regarding demographic (e.g. family size, occupation, education); household (e.g. household food security, home building materials, wealth index); and maternal health (e.g. previous births, prenatal care) characteristics. Intention to exclusively breastfeed was assessed through an open-ended question regarding how the mother planned to feed her infant at 3 months after birth.

Adapted from the Breastfeeding Attrition Prediction Tool (BAPT),(16) 16 attitudinal items assessed positive and negative affects toward breastfeeding. Questions included infant nutrition related to EBF; and inconveniences and difficulties of EBF for the mother (3- or 5-point Likert scale).⁴ Negative affect items were reverse coded for analysis. Factor analysis (FA) with orthogonal (Kaiser) varimax rotation on the 16 items extracted 3 factors, accounting for 70.5% of total variance (30.9%, 23.2%, and 16.3%) in item scores. 15 attitudinal items had factor loadings >0.5. An index was created as a simple sum of these 15 items (0-75 scale).

Six items relating to perceived control and confidence of mothers regarding breastfeeding, based on the BAPT and other validated instruments, were included in the

⁴ Confidence and self-efficacy questions used Likert scales of 1-3 in Cohort 1. In order to better document variability of responses, the same questions used Likert scales of 1-5 in Cohort 2. For factor analysis and to report means across both cohorts, Cohort 1 responses were re-coded as 1,3,5.

pregnancy questionnaire. All 6 self-efficacy questions were predictive of overall variance based on FA loadings, and included in the index. One factor was extracted from FA with varimax rotation, which accounted for 77.4% of total variance. Simple sums were created as a self-efficacy construct (0-30 scale).

Also modified from the BAPT, 5 questions were included about perceived opinions of family (husband, mother, mother-in-law, sister) and health professionals (doctor) regarding infant feeding (e.g. EBF versus complementary feeding). FA loadings indicated that none significantly predicted variance; therefore a subjective norms construct was not included in regression analysis.

During pregnancy, questions assessed maternal knowledge about optimal initiation, frequency, duration of breastfeeding, as well as sufficient milk supply. A simple sum index (0-6 scale) was created from 6 items.

#### 3-Month Questionnaire

Statistical Analysis

Interviews at 3 months included data collection on infant diet (by 24-hour and since-birth recalls). Liquid and food categories were derived from standard Bangladesh Demographic and Health Surveys (BDHS 2007) categories.(17)

Reported breastfeeding practices (EBF, PBF, full) were categorized according to UNICEF and WHO definitions.(18) Our definition of prelacteal feeds was similar to most other definitions, i.e. consumption of foods and liquids aside from breast milk (including honey, mustard oil) prior to exclusive breastfeeding initiation. Although there is no consensus about the exact standard "allowable" length of time after birth for prelacteals, in this study we considered any non-breast milk feeds consumed during the first 4 days after birth as prelacteals.

Descriptive statistics were reported as means (and standard deviations) or proportions.

Crude associations between categorical variables were assessed by Pearson's chi-squared tests, or bivariate regressions. We used multivariate logistic regression analyses to estimate associations

between breastfeeding at 3 months (exclusive, full) and prenatal psychosocial constructs (simple sum scores dichotomized at median), adjusting for covariates. As none of the two- and three-way interactions among sub-district, data collection wave, and the individual maternal psychosocial constructs for breastfeeding intention, attitudes, self-efficacy, and knowledge was significant at a Bonferroni-corrected p<0.05, we conducted first-order regressions with adjustment for sub-district and wave.

We adjusted for covariates: maternal age (15-25, 26-35, >36 years), previous births (0, 1, >1), socioeconomic status (1-6, 7-12, 13-22 household assets), maternal literacy, any prenatal care for the current pregnancy, wave, and sub-district. Inclusion of these potential confounders was based on *a priori* knowledge from previous literature that establishes associations between each covariate separately with both psychosocial factors and breastfeeding behaviors. Additional potential covariates (including food security questions about borrowing food or cash to others; fulfilling meals during the past month) were assessed by backwards selection, however none were significant predictors of breastfeeding behaviors or confounders of any other covariates. Analyses were performed using Stata (StataCorp. 2009. Stata Statistical Software: Release 10.1. College Station, TX, USA: StataCorp LP).

#### Results

Mothers and Households in Karimganj and Katiadi

On average, mothers were 24.9 years old (SD 5.8), previously had 1.2 children (SD 0.8), and a household wealth index of 8.8 (SD 3.4) during the pregnancy interview. In terms of mean age, parity, and household wealth index, mothers did not differ by prenatal EBF intention (Table 1). 63.1% of the study population was literate, and higher proportions of women intending to EBF were literate (64.8%) relative to those not intending (57.1%; p<0.05). Reported prenatal care during pregnancy were slightly higher among women with EBF intentions (38.6%), compared to those without (31.6%) (p<0.05).

### Prenatal Maternal Psychosocial Constructs

During the third trimester of pregnancy, 77.1% of mother intended to EBF their infants (Table 3). The mean maternal attitudes during pregnancy was 55.7 (SD 9.2) on a 75-point scale. Mean self-efficacy was 26.6 (SD 3.4) on a 30-point scale. Breastfeeding knowledge was low (mean 3.4 on a 6-point scale, SD 1.3). Prenatal attitudes and self-efficacy (both p<0.05), although not breastfeeding knowledge (p>0.05), were significantly associated with maternal EBF intentions in rural Bangladesh, adjusting for sub-district, maternal age, prenatal care, household wealth index, and timing of decision to breastfeed.(19)

# Infant Feeding from Birth to 3 Months

During their first 4 days of life, many infants received prelacteal feeds (juices or high-sugar liquids 27.6%, water 10.4%, animal milk 3.0%, infant formula 2.5% between 0-3 days). All mothers initiated breastfeeding, and at the 3-month interview, nearly all (99.7%) mothers reported giving their infants breast milk in the previous 24 hours (Table 2). At every time point (0-3 days, 4 days, 2 weeks, 1 month, 2 months, 3 months), 1% or fewer infants were not receiving any breast milk (Fig 1).

At 3 months, 43.5% of the infants were EBF, 26.5% were PBF, and 70.0% were fully breastfed (Table 2). Between birth and 3 months, EBF proportions peaked at 4 days after birth (77.2% overall) (Fig 1). EBF prevalence increased between 2 and 3 months. Among infants not EBF at 3 months, the majority consumed other liquids (water 44.1%, infant formula 12.1%, animal milk 11.8%, juices or high-sugar liquids 3.3%), with few infants consuming any soft, semi-solid, or solid foods (<5.0%).

Higher proportions of infants were EBF at 3 months among mothers with prenatal intentions (47.2%) compared to those without (31.0%) (p<0.05). Similarly at 4 days after birth, a higher proportion of infants of intending mothers (80.1%) were EBF, compared to those of non-intending mothers (67.6%) (p<0.05). In contrast, a higher proportion of infants with non-

intending mothers (30.7%) were predominantly breastfed at 3 months relative to those of intending mothers (25.2%) (p<0.05).

Prenatal Maternal EBF Intention and EBF at 3 Months

Women with intention to EBF during pregnancy were more likely to EBF at 3 months (aOR: 1.40, 95% CI: 1.06-1.85), adjusting for sub-district, data-collection wave, demographic and socioeconomic factors (Table 4).

Prenatal Maternal Attitudes, Self-Efficacy, Knowledge and EBF at 3 Months

Maternal attitudes about breastfeeding during pregnancy were not associated with EBF at 3 months (aOR: 1.12, 95% CI: 0.90-1.41), controlling for sub-district, wave, demographic and socioeconomic factors (Table 4). Women with strong self-efficacy during pregnancy were not more or less likely to EBF at 3 months, compared to those with weak self-efficacy (aOR: 1.11, 95% CI: 0.83-1.50), adjusting for sub-district, wave, demographic and socioeconomic factors. Mothers who correctly answered more questions about breastfeeding knowledge in pregnancy were not more or less likely to EBF at 3 months, relative to those who answered fewer correctly (aOR: 1.21, 95% CI: 0.96-1.51), controlling for sub-district, wave, demographic and socioeconomic factors.

When simultaneously considered, prenatal maternal attitudes, self-efficacy, and knowledge remained not associated with EBF at 3 months (aOR: 1.09, 95% CI: 0.86-1.38; aOR: 1.07, 95% CI: 0.79-1.45; aOR: 1.19, 95% CI: 0.95-1.49 respectively), adjusting for sub-district, wave, demographic and socioeconomic indicators (Table 4).

Prenatal Maternal Attitudes, Self-Efficacy, Knowledge, Intentions, and EBF at 3 Months

Mothers who intended to EBF were more likely to EBF at 3 months (aOR: 1.35, 95% CI: 1.02-1.80), adjusting for other psychosocial factors (prenatal attitudes, self-efficacy, breastfeeding knowledge) as well as demographic and socioeconomic covariates (maternal age, previous births, household wealth index, maternal education level, prenatal care during pregnancy, sub-district, wave; Table 4). Attitudes, self-efficacy, and knowledge were not associated with EBF at 3

months (aOR: 1.06, 95% CI: 0.84-1.34; aOR: 1.03, 95% CI: 0.76-1.40; aOR: 1.16, 95% CI: 0.92-1.45 respectively), controlling for intention, sub-district, wave, demographic and socioeconomic covariates.

Prenatal Maternal Attitudes, Self-Efficacy, Knowledge, and Full Breastfeeding at 3 Months

Given that 26.5% of infants were PBF, we additionally assessed full breastfeeding at 3 months as the dependent variable (Table 4). Mothers who intended to EBF were more likely to fully breastfeed at 3 months (aOR: 1.29, 95% CI: 0.98-1.70), adjusting for covariates. Among the other prenatally-assessed maternal psychosocial constructs, self-efficacy was most strongly associated with full breastfeeding at 3 months (aOR: 1.23, 95% CI: 0.89-1.70). Attitudes and breastfeeding knowledge were not predictive of full breastfeeding (aOR: 1.01, 95% CI: 0.79-1.28; aOR: 1.09, 95% CI: 0.86-1.39 respectively).

#### **Discussion**

Breastfeeding Initiation and Exclusivity

We observed high breastfeeding initiation and less than 45% EBF at 3 months age in rural Bangladesh; these estimates are similar to national statistics. According to the WHO Global Data Bank on Infant and Young Child Feeding, the national prevalence of breastfeeding initiation has remained over 96% since the 1990s;(9) the national prevalence of EBF under 6 months is 42.9%.(9) As EBF prevalence generally declines as infants age, this suggests that EBF at 6 months in Karimganj and Katiadi may be lower than the national average.

However, we acknowledge the difficulty in comparing EBF prevalence in our sample to national statistics as all infants in our sample are approximately 3 months old. Given that EBF attrition varies significantly, we cannot necessarily infer that patterns in declining EBF proportions are similar. Additionally, in the past two decades, national surveys have reported a wide range of EBF prevalence (36.2-58.4%).(9) Although current national recommendations are to EBF until 6 months, previous recommendations in the early 2000s were only until 5 months of

age.(20) This modified definition likely accounts for some variability of reported EBF prevalence.

Maternal Prenatal Psychosocial Constructs and Knowledge

Our results indicated that some but not all of the psychosocial factors we assessed were predictive of intention to EBF among rural Bangladeshi women, which is similar to previous studies in other settings that consider attitudes(21, 22) and knowledge(23) in relation to breastfeeding intentions.

We found that prenatal attitudes, self-efficacy, and knowledge were not predictive of EBF or full breastfeeding at 3 months of age. On average, women had relatively strong self-efficacy (26.6 on a 0-30 scale); the weak predictive power of breastfeeding behaviors may be related to the low variance (SD 3.4). Earlier studies found that attitudinal indices did not predict breastfeeding duration(24, 25) or exclusivity.(26) Some literature suggests that maternal confidence is not predictive of breastfeeding behavioral outcomes.(12, 24, 25, 27) Similarly, a study among 599 Jamaican women found no influence of maternal knowledge regarding breastfeeding on EBF.(26)

On the other hand, many studies indicate that attitudes,(11, 16, 21, 22, 27-34) self-efficacy,(16, 22, 28, 29, 32, 33, 35-38) and knowledge(12, 23, 39) are predictive of breastfeeding initiation and duration. Differences from our results could stem from difficulties in comparing across disparate breastfeeding behavioral outcomes, since we report on EBF and full breastfeeding rather than initiation and attrition. Additionally socioeconomic differences need to be accounted for as the majority of studies were among women residing in better-resourced (primarily US) settings.

Compared to other psychosocial factors (attitudes, self-efficacy, subjective norms), relatively fewer studies have assessed the extent to which intention to breastfeed predicts infant feeding behaviors of mothers. Among relevant studies, all found positive associations, (10, 27, 36, 40) which our study findings also indicate.

### Theory of Planned Behavior Context

Our multivariate regression models reflected components of the TPB (attitudes, self-efficacy, EBF intention, breastfeeding behaviors). However, we excluded maternal subjective norms due to lack of construct validity in our sample, and included breastfeeding knowledge. While this limits direct comparisons to studies that incorporate all three psychosocial indices in the TPB, our observations are consistent with the TPB conceptual framework in general. We previously showed maternal prenatal breastfeeding attitudes and self-efficacy were positively associated with intentions to EBF during the 3rd trimester of pregnancy (p<0.05).(19) Our findings indicate associations between EBF intention and postnatal breastfeeding behaviors. Further research is needed to assess intention, psychosocial factors, and breastfeeding behaviors while accounting for subjective norms, in a rural Bangladesh context.

# Differences between Sub-Districts

Some observed associations differed by sub-district, although the interactions between sub-district and intention or any of the other maternal psychosocial constructs was not significantly predictive of breastfeeding behaviors, according to a Bonferroni-adjusted interaction test. In Karimganj, prenatal EBF intention was positively associated with EBF (aOR 1.83, 95% CI: 1.14-2.92) and full breastfeeding (aOR 2.03, 95% CI: 1.22-3.40) at 3 months. In contrast, among Katiadi women, there are weaker associations with EBF (aOR 1.09, 95% CI: 0.76-1.55) and full breastfeeding (aOR 1.11, 95% CI: 0.80-1.54). With the exception of the association between self-efficacy and full breastfeeding in Karimganj (aOR 1.87, 95% CI: 1.05-3.30), none of the other maternal psychosocial constructs were predictive of breastfeeding behaviors within either sub-district (p>0.05). All other socio-demographic covariates (except data wave collection or prenatal care in some models) were not associated with breastfeeding behaviors in both sub-districts (p>0.05).

## Strengths and Limitations

This study had high participation rates (92%), which likely limit participation bias. Efforts were made to minimize cognitive comprehension issues during interviews by acknowledging issues identified in previous literature about differing interpretations of EBF definition and duration.(38, 41) Interviewers asked simple, direct questions about foods and liquids consumed, as well as specified exact times in both days and months. EBF and full breastfeeding categories were created during analysis based on dietary intake, according to consistent breastfeeding definitions.

Survey-based data collection was a potential source of self-report and recall bias. Women may have under-reported negative perceptions and behaviors. A possible explanation for the increase in EBF between 2 and 3 months relates to women increasing ideal breastfeeding behaviors that they predicted would be asked about during the 3-month interview. Accuracy of self-reported dietary recalls relies on mothers correctly remembering dietary consumption of infants at specified times prior to the interview.

#### *Summary*

Despite expressed maternal intentions to exclusively breastfeed during pregnancy and universal breastfeeding initiation, prevalences of both exclusive and full breastfeeding at 3 mo remain lower than WHO recommendations. Our findings indicate associations between EBF intention and postnatal breastfeeding behaviors, suggesting the importance of prenatal intention and psychosocial factors in supporting optimal infant feeding behaviors.

Table 1. Demographic and Household Characteristics among women during pregnancy in Karimganj and Katiadi ^a

anio	among women during pregnancy in ixariniganj and ixadadi					
		Overall	Intent to EBF b	No Intent to EBF		
	N (%) °	N = 1470	<i>N</i> = 1134	<i>N</i> = 336		
Age		24.9 (5.8)	25.0 (5.7)	24.5 (6.1)		
Mean						
	15-25	873 (59.4)	666 (58.7)	207 (61.6)		
	26-35	527 (35.9)	527 (35.9)	113 (33.6)		
	>36	70 (4.8)	54 (4.8)	16 (4.8)		
Previous Births	Mean	1.2 (0.8)	1.2 (0.8)	1.2 (0.9)		
	0	399 (27.1)	280 (24.7)	59 (17.6)		
	1	339 (23.1)	181 (24.7)	158 (21.4)		
	>1	732 (49.8)	565 (49.8)	167 (49.7)		
Literate		927 (63.1)	735 (64.8)	192 (57.1)		
Prenatal Care ^d		544 (37.0)	438 (38.6)	106 (31.6)		
Household Wealth	h Index					
	Mean	8.8 (3.4)	9.0 (3.5)	8.4 (3.2)		
	1-6	429 (29.2)	320 (28.2)	109 (32.4)		
	7-12	805 (54.8)	620 (54.7)	185 (55.1)		
	13-22	236 (16.1)	194 (17.1)	42 (12.5)		
	13 22	200 (10.1)	12. (17.11)	.2 (12.3)		

 ^a From interview during 3rd trimester of pregnancy (approximately 7 months gestational age) of newborn infant
 ^b Self-reported prenatal intention to EBF among mothers
 ^c Except means and standard deviations for continuous measures
 ^d Any visits to prenatal clinics during pregnancy for newborn infant

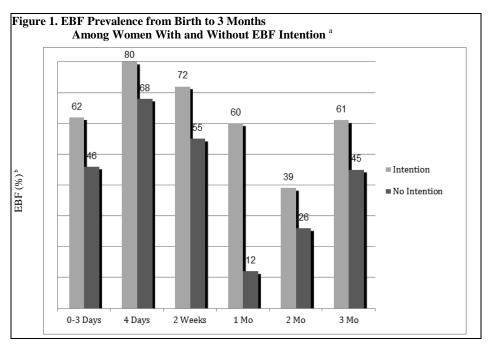
Table 2. Breastfeeding of 3 Month Old Infants from last 24-Hour and Liquid-Consumption Dietary Recalls ^a

	Overall	Intent to EBF b	No Intent to EBF
N (%)	N = 1470	N = 1134	<i>N</i> = 336
Only Breast Milk Predominant BF (PBF) Complementary Fed	639 (43.5)	535 (47.2)	104 (31.0)
	389 (26.5)	286 (25.2)	103 (30.7)
	826 (56.2)	594 (52.4)	232 (69.1)
BM + Other Liquids BM + Foods BM + Foods BM + Foods + Liquids No Breast Milk	766 (52.1)	552 (48.7)	214 (63.7)
	17 (1.2)	13 (1.2)	4 (1.2)
	43 (2.9)	29 (2.6)	14 (4.2)
	5 (0.3)	5 (0.4)	0 (0)
Only Breast Milk PBF Complementary Fed No Breast Milk	843 (57.4)	692 (61.0)	151 (44.9)
	302 (20.5)	215 (19.0)	87 (25.9)
	624 (42.5)	439 (38.7)	185 (55.1)
	3 (0.2)	3 (0.3)	0 (0)

^a WHO & UNICEF breastfeeding definitions. EBF is not giving the infant any water, liquids aside from breast milk, foods, based on 24-hour dietary recall during the 3-month interview. Predominant breastfeeding is defined as when the predominant source of nourishment is breast milk although the infant may have received water and water-based drinks, fruit juice, oral rehydration salts solutions, drop and syrup vitamins, minerals, medicines, and ritual fluids).

fruit juice, oral rehydration saits solutions, drop and syrup vitamins, minorais, medicine, and b Self-reported prenatal intention to EBF among mothers.

Based on dietary recalls of liquid consumption since birth. A number of responses were recorded as "Not Applicable", including 431 women at 3 months. Given that over 99% of women reported giving breast milk to their infants according to the 24 hour recall, it was assumed that "Not Applicable" may have been marked by some interviewers for women who were still breastfeeding their infants and therefore recoded as having given breast milk.



 ^a Self-reported prenatal intention to EBF among mothers in Karimganj and Katiadi
 ^b Based on dietary recalls of liquid consumption since birth.

Table 3. Maternal Intentions to EBF, Attitudes, Self-Efficacy, and Knowledge during Third Pregnancy Trimester ^a

	Overall	Intent to EBF ^b	No Intent to EBF
	N = 1470	N = 1134	N = 336
N (%)			
EBF Intention	1134 (77.1)		
Mean (SD) ^c			
Positive Attitudes towards Breastfeeding (0-75)	55.7 (9.2)	56.4 (9.4)	53.5 (8.3)
Self-Efficacy (0-30)	26.6 (3.4)	26.7 (3.2)	26.0 (4.0)
Breastfeeding Knowledge (0-6)	3.4 (1.3)	3.6 (1.3)	2.8 (1.4)

 ^a Based on self-report from mothers during interview at approximately 7 months gestational age
 ^b Self-reported prenatal intention to EBF among mothers.
 ^c Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis. Cohort 1 responses were originally in 1-3 Likert scale, and re-coded to 1,3,5 for comparison to Cohort 2 responses in 1-5 Likert scale.

Table 4: Logistic Regressions for Exclusive and Full Breastfeeding at 3 Months in Karimganj and Katiadi a

						Reduced	Models					Full I	Model
		Exp (β) Adjusted OR	95% CI	Exp (β) Adjusted OR	95% CI	Exp (β) Adjusted OR	95% CI	Exp (β) Adjuste d OR	95% CI	Exp (β) Adjusted OR	95% CI	Exp (β) Adjusted OR	95% CI
EBF	Intent to EBF b	1.40	(1.06, 1.85)									1.35	(1.02, 1.80)
	Maternal Constructs ^c Positive Attitude Toward Breastfeeding ^d Strong Self-Efficacy ^d Breastfeeding Knowledge			1.12	(0.90, 1.41)		(0.83, 1.50)	1.21	(0.96, 1.51)	1.09 1.07 1.19	(0.86, 1.38) (0.79, 1.45) (0.95, 1.49)	1.03	(0.84, 1.34) (0.76, 1.40) (0.92, 1.45)
	Goodness of Fit ^e	0.46		0.28		0.14		0.87		0.91		0.96	
Full BF	Intent to EBF b  Maternal Constructs c  Positive Attitude Toward Breastfeeding d Self-Efficacy d Breastfeeding Knowledge  Goodness of Fit c	0.15	(1.02, 1.75)	1.08	(0.86, 1.37)		(0.95, 1.77)	1.14	(0.90, 1.44)	1.03 1.27 1.12	(0.81, 1.31) (0.92, 1.75) (0.88, 1.42)	1.23	(0.98, 1.70) (0.79, 1.28) (0.89, 1.70) (0.86, 1.39)
	Goodness of Fit	0.13		0.74		0.01		0.30		0.51		0.19	

a All models additionally control for maternal age, previous births, household wealth index score, maternal literacy, prenatal care during pregnancy, cohort, and subdistrict.

b Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month Questionnaire).

^cIndices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to principal components analysis (PCA). Continuous maternal indices dichotomized at median values.

d Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5 Likert scale.

^e Hosmer & Lemeshow χ² p-value

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### **Chapter III: Implications**

### **Summary**

In light of government and non-profit efforts to address malnutrition and issues related to deficiencies, and widely recognized detrimental effects of suboptimal breastfeeding, a key question that remains is why women are not exclusively breastfeeding. This study considered some of the psychosocial determinants, which were found to account for some of the variance in breastfeeding behaviors at 3 months in rural Bangladesh.

Among our study population in 2 sub-districts of rural northeastern Bangladesh (Karimganj and Katiadi), nearly all women initiated breastfeeding, as expected from national data. Exclusive breastfeeding at 3 months after delivery was approximately 40%, which is similar to national statistics as well. Given the known consequences of suboptimal infant feeding during the first several months of life, in addition to the high rates of malnutrition among young children in Bangladesh, achieving higher proportions of EBF remains a critical issue.

In our study, maternal psychosocial determinants (positive attitudes, strong self-efficacy) and breastfeeding knowledge appeared predictive of intentions. Intentions to EBF predicted EBF at 3 months after delivery; however attitudes, self-efficacy, and knowledge did not.

#### **Public Health Implications**

Associations between psychosocial risk factors and breastfeeding behaviors suggest the need for the inclusion of programmatic and policy support to increase EBF intention, as well as improve maternal attitudes, self-efficacy, and knowledge regarding breastfeeding.

#### **Possible Future Directions**

Given the dearth of literature regarding prenatal psychosocial determinants for exclusive breastfeeding in under-resourced countries including Bangladesh, many questions remain. How predictive intentions, attitudes, self-efficacy, and knowledge are of breastfeeding behaviors in

rural Bangladesh, while accounting for perceived norms remains unclear. The effectiveness and timing of programmatic interventions in rural Bangladesh in regards to improving intentions, positive attitudes, self-efficacy, knowledge, and improved infant feeding remains areas of further research.

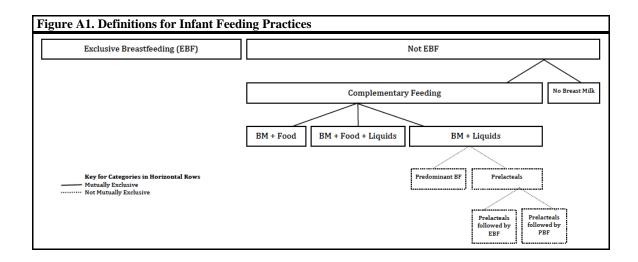
## **Appendix**

#### **Definitions**

#### **EBF Initiation and Duration**

In order to ensure optimal growth, development, and health of infants,(1, 2) six months of EBF is recommended by the WHO, UNICEF, and American Academy of Pediatricians.(3, 4) Earlier in 2011, the WHO officially re-affirmed support of six months of EBF as distinctly advantageous over EBF for 3-4 months, based on a 2009 systematic review.(1, 2)

Standard WHO indicators for EBF are commonly used to assess initiation and duration of EBF at the population-level.(5) Initiation of EBF is defined as having "ever" been EBF. Part of a larger set of fourteen infant and young child feeding (IYCF) indicators mostly related to food intake, evaluative measures of EBF are used for assessment, targeting resources and efforts, and monitoring and evaluation. EBF under six months is measured by the proportion of infants 0-5 months of age who are fed exclusively with breast milk (infants 0-5 completed months of age who received only breast milk during the previous divided by infants 0-5 months of age). The proportion of children born in the last 24 months who were put to the breast within one hour of birth is assessed by dividing children born in the last 24 months.



## **Appendix: Additional Descriptive Statistics & Regressions**

Table A1. Breastfeeding Practices from Birth to 3 Months among Mothers Intending and Not Intending to EBF

	among Mothers Intending and Not Intending to EBF						
		Overall	Intention ^a	No Intention			
	$N\left(\% ight)$	N = 1470	N = 1134	N = 336			
	Exclusive Breastfeeding (EBF) °	639 (43.5)	535 (47.2)	104 (31.0)			
م	Predominant Breastfeeding (PBF)	389 (26.5)	286 (25.2)	103 (30.7)			
24 Hour Dietary Recall		826 (56.2)	594 (52.4)	232 (69.1)			
	BM + Other Liquids	766 (52.1)	552 (48.7)	214 (63.7)			
	BM + Foods	17 (1.2)	13 (1.2)	4 (1.2)			
	BM + Foods + Liquids	43 (2.9)	29 (2.6)	14 (4.2)			
71	No Breast Milk	5 (0.3)	5 (0.4)	0 (0)			
	No Breast Min	3 (0.3)	3 (0.1)	0 (0)			
	EBF	843 (57.4)	692 (61.0)	151 (44.9)			
	PBF	302 (20.5)	215 (19.0)	87 (25.9)			
	Complementary Fed	624 (42.5)	439 (38.7)	185 (55.1)			
	No Breast Milk	3 (0.2)	3 (0.3)	0 (0)			
ı İ	EBF at						
	0-3 Days	854 (58.1)	702 (61.9)	152 (45.2)			
	4 Days	1135 (77.2)	908 (80.1)	227 (67.6)			
	2 Weeks	1006 (68.4)	821 (72.4)	185 (55.1)			
	1 Month	813 (55.3)	680 (60.0)	133 (39.6)			
	2 Months	524 (35.7)	438 (38.6)	86 (25.6)			
	Prelacteals ^e						
	0-3 Days	80 (5.4)	70 (6.2)	10 (3.0)			
٦	4 Days	68 (4.6)	52 (4.6)	16 (4.8)			
Liquid Intake Recall ^d	PBF						
e R	0-3 Days	135 (9.2)	97 (8.6)	38 (11.3)			
nta	4 Days	196 (13.3)	127 (11.2)	69 (20.5)			
I Di	2 Weeks	301 (20.5)	200 (17.6)	101 (30.1)			
,iqu	1 Month	399 (27.1)	269 (23.7)	130 (38.7)			
	2 Months	460 (31.3)	336 (29.6)	124 (36.9)			
	Complementary Fed						
	0-3 Days	602 (41.0)	422 (37.2)	180 (53.6)			
	4 Days	330 (22.5)	222 (19.6)	108 (32.1)			
	2 Weeks	459 (31.2)	309 (27.3)	150 (44.6)			
	1 Month	653 (44.4)	451 (39.8)	202 (60.1)			
	2 Months	940 (64.0)	691 (60.9)	249 (74.1)			
	No Breast Milk	14 (1.0)	10 (0 0)	4 (1.0)			
	0-3 Days	14 (1.0)	10 (0.9)	4 (1.2)			
	4 Days	5 (0.3)	4 (0.4)	1 (0.3)			
	2 Weeks	5 (0.3)	4 (0.4)	1 (0.3)			
	1 Month	4 (0.3)	3 (0.3)	1 (0.3)			
	2 Months	6 (0.4)	5 (0.4)	1 (0.3)			

^a Self-reported prenatal intention to EBF among mothers.

b Defined as reporting EBF in 24-hour dietary recall during the 24 hours prior to interview; 0-3 days, 4 days, 2 weeks, 1 month, 2 month, 3 months after birth; never having given infant water, liquids aside from breast milk, foods.
c WHO & UNICEF breastfeeding definitions. Predominant breastfeeding is defined as when the predominant source of nourishment is breast milk

^c WHO & UNICEF breastfeeding definitions. Predominant breastfeeding is defined as when the predominant source of nourishment is breast milk although the infant may have received water and water-based drinks, fruit juice, oral rehydration salts solutions, drop and syrup vitamins, minerals, medicines, and ritual fluids).

^d A number of responses were recorded as "Not Applicable" in the liquid consumption, including 431 women at 3 months; 1 woman at 4 days; and 5 women between 0-3 days. Given that over 99% of women reported giving breast milk to their infants according to the 24 hour recall, it was assumed that "Not Applicable" may have been marked by some interviewers for women who were still breastfeeding their infants and recoded as having given breast milk.

e Prelacteals are defined as any plain or sugar water, honey, oil given in first 4 days after birth. These categories include infants who received any prelacteals and/or breast milk up until 4 days.

Table A2. Breastfeeding Practices from Birth to 3 Months in Karimganj and Katiadi

		Overall	Karimganj	Katiadi
	N (%)	N = 1470	N = 733	N = 737
Ī	Exclusive Breastfeeding (EBF) b	639 (43.5)	423 (57.7)	216 (29.3)
a A	Predominant Breastfeeding (PBF)	389 (26.5)	143 (19.5)	246 (33.4)
tar	Complementary Fed	826 (56.2)	308 (42.0)	518 (70.3)
24 Hour Dietary [†] Recall	BM + Other Liquids	766 (52.1)	277 (37.8)	489 (66.4)
E S	BM + Foods	17 (1.2)	13 (1.8)	4 (0.5)
H 4	BM + Foods + Liquids	43 (2.9)	18 (2.5)	25 (3.4)
7	No Breast Milk	5 (0.3)	2 (0.3)	3 (0.4)
	No Di cast ivilik	3 (0.3)	2 (0.3)	3 (0.4)
	EBF	843 (57.4)	518 (70.7)	325 (44.1)
	PBF	192 (13.1)	55 (7.5)	137 (18.6)
	Complementary Fed	624 (42.5)	214 (29.2)	410 (55.6)
	No Breast Milk	3 (0.2)	1 (0.1)	2 (0.3)
i I	EBF at			
	0-3 Days	854 (58.1)	554 (75.6)	300 (40.7)
	4 Days	1135 (77.2)	639 (87.2)	496 (67.3)
	2 Weeks	1006 (68.4)	576 (78.6)	430 (58.3)
	1 Month	813 (55.3)	504 (68.8)	309 (41.9)
	2 Months	524 (35.7)	365 (49.8)	159 (21.6)
	Prelacteals d			
	0-3 Days	80 (5.4)	38 (5.2)	42 (5.7)
S	4 Days	68 (4.6)	28 (3.8)	40 (5.4)
Liquid Intake Recall ^c	PBF			
e R	0-3 Days	135 (9.2)	37 (5.1)	98 (13.3)
nta	4 Days	196 (13.3)	54 (7.4)	142 (19.3)
d b	2 Weeks	301 (20.5)	91 (12.4)	210 (28.5)
igu	1 Month	399 (27.1)	123 (16.8)	276 (37.5)
1	2 Months	460 (31.3)	175 (23.9)	285 (38.7)
	Complementary Fed			
	0-3 Days	602 (41.0)	176 (24.0)	426 (57.8)
	4 Days	330 (22.5)	90 (12.3)	240 (32.6)
	2 Weeks	459 (31.2)	155 (21.2)	304 (41.3)
	1 Month	653 (44.4)	227 (31.0)	426 (57.8)
	2 Months	940 (64.0)	366 (49.9)	574 (77.9)
	No Breast Milk			
	0-3 Days	14 (1.0)	3 (0.4)	11 (1.5)
	4 Days	5 (0.3)	4 (0.6)	1 (0.1)
1	2 Weeks	5 (0.3)	2 (0.3)	3 (0.4)
	136 4	4 (0.3)	2 (0.3)	2 (0.3)
	1 Month 2 Months	6 (0.4)	2 (0.3)	4 (0.5)

^a Defined as reporting EBF in 24-hour dietary recall during the 24 hours prior to interview; 0-3 days, 4 days, 2 weeks, 1 month, 2

month, 3 months after birth; never having given infant water, liquids aside from breast milk, foods.

^b WHO & UNICEF breastfeeding definitions. Predominant breastfeeding is defined as when the predominant source of nourishment is breast milk although the infant may have received water and water-based drinks, fruit juice, oral rehydration salts solutions, drop and

syrup vitamins, minerals, medicines, and ritual fluids).

^c A number of responses were recorded as "Not Applicable" in the liquid consumption, including 431 women at 3 months; 1 woman at 4 days; and 5 women between 0-3 days. Given that over 99% of women reported giving breast milk to their infants according to the 24 hour recall, it was assumed that "Not Applicable" may have been marked by some interviewers for women who were still breastfeeding their infants and recoded as having given breast milk.

d Prelacteals are defined as any plain or sugar water, honey, oil given in first 4 days after birth. These categories include infants who received any prelacteals and/or breast milk up until 4 days.

Table A3. Twenty-Four Hour Dietary Consumption Recall among Infants at 3

Months in Karimgani and Katiadi ^a

		Overall	Karimganj	Katiadi
	N (%)	N = 1470	N = 733	N = 737
	Breast Milk	1465 (99.7)	731 (99.7)	734 (99.6)
	Water	648 (44.1)	221 (30.2)	427 (57.9)
	Sugar Water/Honey/Juice	48 (3.3)	16 (2.2)	32 (4.3)
Liquids	Infant Formula	178 (12.1)	77 (10.5)	101 (13.7)
пb	Cow Milk	171 (11.6)	46 (6.3)	125 (17.0)
Ξ.	Goat Milk	3 (0.2)	0 (0.0)	3 (0.4)
	Luta/Suji	9 (0.6)	4 (0.6)	5 (0.7)
	Other Liquids	6 (0.4)	2 (0.3)	4 (0.5)
	Grains/Cereals	33 (2.2)	16 (2.2)	17 (2.3)
	Vitamin A-rich Fruits	3 (0.2)	1 (0.1)	2 (0.3)
	Other Fruits	16 (1.1)	11 (1.5)	5 (0.7)
Foods	Eggs	1 (0.1)	1 (0.1)	0 (0.0)
Fo	Milk/Milk Products	5 (0.3)	2 (0.3)	3 (0.4)
	Junk Food	4 (0.3)	2 (0.3)	2 (0.3)
	<b>D</b> 0	1410 (95.9)	702 (05.9)	709 (06.1)
<u>∞ . ≥</u>		30 (2.0)	702 (95.8)	708 (96.1)
E E		, ,	19 (2.6)	11 (1.5)
± 8 €	<b>§ §</b> 3	26 (1.8) 3 (0.2)	11 (1.5)	15 (2.0)
# of times soft/semi- solid/family	3 <b>Sp</b> 4	3 (0.2) 1 (0.1)	1 (0.1) 0 (0.0)	2 (0.3) 1 (0.1)
# x 2	0 1 2 3 4 4	1 (0.1)	0 (0.0)	1 (0.1)

^a Reported infant consumption according to 24-hour dietary recall from caregiver at 3 months after birth. No consumption of the following items: yogurt, vitamin-A rich vegetables/tubers, white tubers/roots, dark green leafy vegetables, other vegetables, organ meat, flesh meat, fish, legumes/nuts/seeds, oils/fats.

Table A4. Liquid Consumption Recall between Birth and 3 Days among Infants in Karimganj and Katiadi ^a

		Overall	Karimganj	Katiadi
	N (%)	N = 1470	N = 733	N = 737
<u> </u>	Breast Milk	1456 (99.1)	730 (99.6)	726 (98.5)
0-3 Days	Water	153 (10.4)	41 (5.6)	112 (15.2)
<u>,</u>	Sugar Water/Honey/Juice	406 (27.6)	108 (14.7)	298 (40.4)
Ĕ	Animal Milk (Cow, Goat)	44 (3.0)	19 (2.6)	25 (3.4)
	Infant Formula	36 (2.5)	19 (2.6)	17 (2.3)
	Breast Milk	1465 (99.7)	729 (99.5)	736 (99.9)
S S	Water	233 (15.9)	60 (8.2)	173 (23.5)
4 Days	Sugar Water/Honey/Juice	79 (5.4)	16 (2.2)	63 (8.6)
<del>,</del>	Animal Milk (Cow, Goat)	24 (1.6)	5 (0.7)	19 (2.6)
	Infant Formula	45 (3.1)	23 (3.1)	22 (3.0)

^a Reported infant consumption according to 24-hour dietary recall from caregiver at 3 months after birth. No consumption of the following items: yogurt, vitamin-A rich vegetables/tubers, white tubers/roots, dark green leafy vegetables, other vegetables, organ meat, flesh meat, fish, legumes/nuts/seeds, oils/fats.

Table A5. Intentions versus Mutually-Exclusive Categories of Breastfeeding Practices among 3 Month Infants in Karimganj and Katiadi

			EBF	No	n-EBF	
				Predominant BF	All other non-EBF, excluding PBF	
Maternal Intention to EBF	Yes	N = 1134	535 (47.2)	286 (25.2)	313 (27.6)	
as Primary Method to Feeding Infant	No	N = 336	104 (31.0)	103 (30.7)	129 (38.4)	$p=0.000^{a}$
	Total	N = 1470	639 (43.5)	389 (26.5)	442 (30.1)	

^a Pearson chi-square test statistic

# Health Characteristics of Mothers and Infants in Karimganj and Katiadi

Table A6. WHO Growth Indicators among Infants at 3 Months in Karimganj and Katiadi

in Karin	nganj a	na Katiaai		
		Overall	Karimganj	Katiadi
Mean (SD)		N = 1469 M = 708 F = 761	<b>N</b> = <b>733</b> M = 357 F = 376	<b>N = 736</b> M = 351 F = 385
Height (cm)	M	58.1 (2.5)	58.0 (2.5)	58.3 (2.4)
	F	56.8 (2.5)	56.6 (2.3)	57.0 (2.7)
Weight (kg)	M	5.6 (1.0)	5.6 (1.1)	5.6 (0.9)
	F	5.1 (0.8)	5.1 (0.8)	5.1 (0.9)
BMI	M	16.6 (2.7)	16.7 (3.2)	16.6 (2.2)
	F	15.8 (2.3)	15.9 (2.1)	15.7 (2.5)
Head Circumference (cm)	M	39.1 (1.4)	39.1 (1.5)	39.1 (1.3)
	F	38.1 (1.3)	38.1 (1.3)	38.1 (1.3)
HAZ	M	-1.6 (1.1)	-1.6 (1.1)	-1.5 (1.0)
	F	-1.4 (1.0)	-1.4 (1.0)	-1.3 (1.0)
WAZ	M	-1.1 (1.3)	-1.1 (1.3)	-1.1 (1.3)
	F	-1.1 (1.2)	-1.1 (1.2)	-1.1 (1.3)
BMI-Z	M	-0.3 (1.5)	-0.2 (1.5)	-0.3 (1.5)
	F	-0.5 (1.4)	-0.4 (1.4)	-0.5 (1.4)
Weight for Height Z	M	0.2 (1.5)	0.3 (1.5)	0.2 (1.5)
	F	0.0 (1.4)	0.1 (1.4)	0.0 (1.4)
Head Circumference	M	-1.2 (1.1)	-1.2 (1.1)	-1.3 (1.1)
for Age Z	F	-1.1 (1.0)	-1.1 (1.0)	-1.1 (1.0)

^a Z-scores calculated according to WHO standard definitions calculated by WHO (Department of Nutrition for Health and Development) STATA macro available at: <a href="http://www.who.int/growthref/tools/en/">http://www.who.int/growthref/tools/en/</a>

Table A7. Anemia at 3 Months among Mothers and Infants in Karimganj and Katiadi

	Overall	Varimaani	Katiadi	
	Overan	Karimganj	Kanadi	
Mothers	<i>N</i> = 1461			
Anemia $(Hb < 11.0 \text{ g/L})^a$	571 (39.1)	312 (42.7)	259 (35.5)	
Anemia ( $Hb < 12.0 \text{ g/L}$ )	1008 (69.0)	523 (71.6)	485 (66.4)	
Hemoglobin	11.2 (1.4)	11.1 (1.4)	11.3 (1.4)	
Infants	N = 1463			
Anemia ( $Hb < 11.0 \text{ g/L}$ )	1318 (90.1)	674 (92.1)	643 (88.1)	
Hemoglobin	9.5 (1.1)	9.4 (1.1)	9.5 (1.2)	

^a Hemoglobin cut-offs are defined according to standard WHO values for pregnant (11.0 g/L) and non-pregnant (12.0 g/L). Infant cut-off value is based on WHO standard for infants at 6 months age.

Table A8. Diarrhea, ARI, and Fever among Infants at 3 Months ^a

	Overall	Karimganj	Katiadi
	N = 1470	N = 733	N = 737
Diarrhea	30 (2.0)	6 (0.8)	24 (3.3)
Cough	806 (54.8)	390 (53.2)	416 (56.5)
Fever	639 (43.5)	279 (38.1)	360 (48.9)

Household Characteristics of Mothers and Infants in Karimganj & Katiadi

Table A9. Household Characteristics	of Mother-Infant	Dyads	
	Overall N = 1470	Karimganj N = 733	<b>Katiadi</b> N = 737
Primary Building Materials	1470	14 = 733	11 - 737
Roof			
Tin	1437 (97.8)	704 (96.0)	733 (99.5)
Straw/Thatch/Leaf	22 (1.5)	20 (2.7)	2 (0.3)
Other	11 (0.8)	9 (1.2)	2 (0.3)
Wall			
Tin	1176 (80.0)	551 (75.2)	625 (84.8)
Straw/Coconut leaves/Branches	207 (14.1)	145 (19.8)	62 (8.4)
Bricks/Cement/Concrete	73 (5.0)	26 (3.6)	47 (6.4)
Other	14 (1.0)	11 (1.5)	3 (0.4)
Floor			
Dirt	1406 (95.7)	709 (96.7)	697 (94.6)
Wood	1 (0.1)	1 (0.1)	0 (0)
Stone-brick	53 (3.6)	15 (2.1)	38 (5.2)
Cement	10 (0.7)	8 (1.1)	2 (0.3)
# Rooms in Home for Sleeping ^a	1.8 (1.7-1.8)	1.8 (1.7-1.8)	1.7 (1.7-1.8)
Owns Agricultural Land	681 (46.3)	349 (47.6)	332 (45.1)
Household Food Security			
In last month			
Purchased rice	504 /4 = =°	A== (10 =)	
0 times/month	684 (46.5)	357 (48.7)	327 (44.4)
1-3 times/month	450 (30.6)	233 (31.8)	217 (29.4)
>3 times/month	336 (22.9)	143 (19.5)	193 (26.2)
Purchased perishable food items			
≤1 time/week	91 (6.2)	29 (4.0)	62 (8.4)
2-3 times/week	607 (41.3)	288 (39.3)	319 (43.3)
≥4-5 times/week	772 (52.5)	416 (56.8)	356 (48.3)
# Times cooking/day ^a	2.2 (2.1-2.2)	2.2 (2.1-2.2)	2.2 (2.1-2.2)
Gave others outside household cash/food	323 (22.0)	131 (17.9)	192 (26.1)
# Times borrowed from others			
0 times/month	1037 (70.5)	525 (71.6)	512 (69.5)
1-3 times/month	364 (24.8)	178 (24.3)	186 (25.2)
>3 times/month	69 (4.7)	30 (4.1)	39 (5.3)
Among those who borrowed, have paid (or will be able to pay) back b	415 (95.8)	194 (93.3)	221 (98.2)
Average # of fulfilling meals/day	2.8 (2.8-2.9)	2.9 (2.9-2.9)	2.8 (2.7-2.8)
# Times did NOT eat fulfilling meals			
0 times/month	1164 (79.2)	640 (87.3)	524 (71.1)
1-3 times/month	105 (7.1)	29 (4.0)	76 (10.3)
>3 times/month	201 (13.7)	64 (8.7)	137 (18.6)
Snacks between meals			
0 times/day	677 (46.1)	394 (53.8)	283 (38.4)
1-2 times/day	703 (47.8)	315 (43.0)	388 (52.7)
≥3 times/day	90 (6.1)	24 (3.3)	66 (9.0)
# Times ate fish/meat			
** Times are Jish/mear <1 time/week	130 (8.4)	55 (7.5)	75 (10.2)
2-3 times/week	489 (33.3)	195 (26.6)	294 (39.9)
	\/	(/	()

### # Times at rice with chili/salt

0 times/month	1217 (82.8)	629 (85.8)	588 (79.8)
1-3 times/month	143 (9.7)	55 (7.5)	88 (11.9)
>3 times/month	110 (7.5)	49 (6.7)	61 (8.3)

 $[^]a$  Continuous outcomes reported as: mean value (95% confidence interval).  b  In this row, percentages are based on all those who borrowed in the past month (Overall N = 433; Karimganj N = 208; Katiadi N = 225)

Table A10. Delivery Locations of Infants in Karimganj & Katiadi

	•						
		Home	Maternal	Private	Government	Upazila Health	Other
			Home	Hospital/Clinic	Hospital	Complex	
Overall	N = 1470	817 (55.6)	423 (28.8)	108 (7.4)	57 (3.9)	35 (2.4)	30 (2.0)
Intervention Karimganj	N = 733	419 (57.2)	200 (27.3)	49 (6.7)	36 (4.9)	12 (1.6)	17 (2.3)
Control Katiadi	N = 737	398 (54.0)	223 (30.3)	59 (8.0)	21 (2.9)	23 (3.1)	13 (1.8)

# Program Coverage at 3 Months after Delivery among Mothers in Karimganj and Katiadi

Table A11. Sources of Breastfeeding Information & Support Reported by Mothers at 3 Months

		Karimganj	Katiadi	Karimganj		Katiadi	
N (%)		<i>N</i> = 733	N = 737	<i>Cohort 1 N</i> = 364	<i>Cohort 2 N</i> = <i>369</i>	<i>Cohort 1 N</i> = 365	<i>Cohort 2 N</i> = <i>372</i>
nation on				•	_		
CC	70 (4.8)	67 (9.1)	3 (0.4)	21 (5.8)	46 (12.5)	2 (0.6)	1 (0.3)
CHNW	15 (1.0)	13 (1.8)	2 (0.3)	9 (2.5)	4 (1.1)	1 (0.3)	1 (0.3)
CHNM	16 (1.1)	16 (2.2)	0 (0)	13 (3.6)	3 (0.8)	0 (0)	0 (0)
mation							
Counselors	137 (9.3)	133 (18.1)	4 (0.5)	31 (8.5)	102 (27.6)	1 (0.3)	3 (0.8)
month after							
CC	1 (0.1)	1 (0.1)	0 (0)	1 (0.3)	0 (0)	0 (0)	0(0)
CHNW	3 (0.2)	1 (0.1)	2 (0.3)	1 (0.3)	0 (0)	0 (0)	2 (0.3)
CHNM	2 (0.1)	2 (0.3)	0 (0)	2 (0.6)	0 (0)	0 (0)	0(0)
1	CHNW CHNM  mation  Counselors  month after  CC CHNW	CC 70 (4.8) CHNW 15 (1.0) CHNM 16 (1.1)  mation  Counselors 137 (9.3)  month after  CC 1 (0.1) CHNW 3 (0.2)	CC 70 (4.8) 67 (9.1) CHNW 15 (1.0) 13 (1.8) CHNM 16 (1.1) 16 (2.2)  mation  Counselors 137 (9.3) 133 (18.1)  month after  CC 1 (0.1) 1 (0.1) CHNW 3 (0.2) 1 (0.1)	CC 70 (4.8) 67 (9.1) 3 (0.4) CHNW 15 (1.0) 13 (1.8) 2 (0.3) CHNM 16 (1.1) 16 (2.2) 0 (0)  mation  Counselors 137 (9.3) 133 (18.1) 4 (0.5)  month after  CC 1 (0.1) 1 (0.1) 0 (0) CHNW 3 (0.2) 1 (0.1) 2 (0.3)	CC 70 (4.8) 67 (9.1) 3 (0.4) 21 (5.8) CHNW 15 (1.0) 13 (1.8) 2 (0.3) 9 (2.5) CHNM 16 (1.1) 16 (2.2) 0 (0) 13 (3.6)  mation  Counselors 137 (9.3) 133 (18.1) 4 (0.5) 31 (8.5)  month after  CC 1 (0.1) 1 (0.1) 0 (0) 1 (0.3) CHNW 3 (0.2) 1 (0.1) 2 (0.3) 1 (0.3)	CC 70 (4.8) 67 (9.1) 3 (0.4) 21 (5.8) 46 (12.5) CHNW 15 (1.0) 13 (1.8) 2 (0.3) 9 (2.5) 4 (1.1) CHNM 16 (1.1) 16 (2.2) 0 (0) 13 (3.6) 3 (0.8)  mation  Counselors 137 (9.3) 133 (18.1) 4 (0.5) 31 (8.5) 102 (27.6)  month after  CC 1 (0.1) 1 (0.1) 0 (0) 1 (0.3) 0 (0) CHNW 3 (0.2) 1 (0.1) 2 (0.3) 1 (0.3) 0 (0)	CC 70 (4.8) 67 (9.1) 3 (0.4) 21 (5.8) 46 (12.5) 2 (0.6) CHNW 15 (1.0) 13 (1.8) 2 (0.3) 9 (2.5) 4 (1.1) 1 (0.3) CHNM 16 (1.1) 16 (2.2) 0 (0) 13 (3.6) 3 (0.8) 0 (0)  mation  Counselors 137 (9.3) 133 (18.1) 4 (0.5) 31 (8.5) 102 (27.6) 1 (0.3) month after  CC 1 (0.1) 1 (0.1) 0 (0) 1 (0.3) 0 (0) 0 (0) CHNW 3 (0.2) 1 (0.1) 2 (0.3) 1 (0.3) 0 (0) 0 (0)

Table A12. Counseling during pregnancy from Other NGO Worker

		Overall	Karimganj	Katiadi	Karimganj		Kat	tiadi
N (%)		<i>N</i> = <i>1470</i>	<i>N</i> = 733	<i>N</i> = 737	<i>Cohort 1 N</i> = <i>364</i>	<i>Cohort 2 N</i> = <i>369</i>	<i>Cohort 1 N</i> = <i>365</i>	Cohort 2 $N = 372$
	ed counseling from NGO RAC, Smiling Sun) during arding:	151 (10.3)	131 (17.9)	20 (2.7)	46 (12.6)	85 (23.0)	3 (0.8)	17 (4.6)
	Breastfeeding	88 (6.0)	76 (10.4)	12 (1.6)	25 (6.9)	51 (13.8)	1 (0.3)	11 (3.0)
	IYCF (excluding breastfeeding)	63 (4.3)	55 (7.5)	8 (1.1)	19 (5.2)	36 (9.8)	0(0)	8 (2.2)

# Regression Analyses – Exclusive Breastfeeding

Table A13: Bivariate Logistic Regression Results for Exclusively Breastfeeding at 3 Months

		Ove	rall	Kar	rimganj	Katiadi	
		Exp (β ) Unadjusted OR	95% CI	Exp (β ) Unadjusted OR	95% CI	Exp (β ) Unadjusted OR	95% CI
Intention to EBF ^a		1.99	(1.54, 2.58)	2.00	(1.27, 3.12)	1.21	(0.86, 1.70)
<b>Maternal Constructs</b>							
Continuous b	(0.4=0.0						
$\mathcal{E}$	(0-45) ^c	1.00	(0.99, 1.02)	1.00	(0.99, 1.02)	1.00	(0.98, 1.02)
Self-Efficacy 30) ^c	(0-	0.96	(0.94, 0.99)	1.03	(0.99, 1.07)	0.98	(0.93, 1.03)
,	(0-6)	1.14	(1.06, 1.24)	1.17	(1.05, 1.30)	1.05	(0.93, 1.18)
Categorical d							
Distribution-Based Cutpoin	its						
Attitudes on Breastfeeding		1.10	(0.89, 1.36)	1.16	(0.86, 1.57)	1.13	(0.81, 1.59)
(strong vs weak) c							
Self-Efficacy		0.95	(0.72, 1.24)	1.55	(1.11, 2.16)	1.00	(0.57, 1.76)
(high vs low) c							
Breastfeeding Knowledge		1.33	(1.04, 1.70)	1.35	(0.94, 1.92)	1.18	(0.82, 1.72)
(sufficient vs insufficient)							
Categorical							
Cutpoints at Median							
Attitudes on Breastfeeding		1.09	(0.89, 1.34)	1.15	(0.86, 1.55)	1.04	(0.75, 1.42)
(strong vs weak) ^c		0.50	(0.54.0.00)	1.00	(0.04.4.46)	0.02	(0.50.4.4)
Self-Efficacy		0.79	(0.64, 0.98)	1.09	(0.81, 1.46)	0.82	(0.58, 1.14)
(high vs low) c		4.05	(4.40.4.50)		(4.07.4.00)	1.00	(0.50.4.50)
Breastfeeding Knowledge		1.37	(1.12, 1.69)	1.41	(1.05, 1.89)	1.09	(0.79, 1.50)
(sufficient vs insufficient)							
Distal Covariates			•		-		
Maternal Age	15-	1.00		1.00		1.00	
	25						
	26-35	0.98	(0.79, 1.22)	0.96	(0.71, 1.31)	0.93	(0.66, 1.31)
	36+	0.97	(0.59, 1.58)	0.80	(0.40, 1.58)	1.13	(0.54, 2.39)
			·/		,,		( ,
Previous Births		1.00		1.00		1.00	
None							
	1	1.24	(0.93, 1.66)	0.93	(0.62, 1.41)	1.59	(1.01, 2.49)
	>1	1.03	(0.81, 1.32)	0.96	(0.68, 1.37)	1.10	(0.75, 1.62)

Socio-Economic Index (	1-22) 1-6	1.00		1.00		1.00	
	7-12	0.91	(0.72, 1.16)	0.87	(0.62, 1.22)	0.85	(0.59, 1.22)
	13-22	1.32	(0.96, 1.81)	1.23	(0.77, 1.97)	1.41	(0.89, 2.26)
Mother Education	Illiterate	1.00		1.00		1.00	
	Literate	1.11	(0.90, 1.38)	0.96	(0.71, 1.29)	1.60	(1.13, 2.27)
Prenatal Care		1.00		1.00		1.00	
No		1.00		1.00		1.00	
	Yes	1.37	(1.11, 1.69)	1.10	(0.81, 1.48)	1.46	(1.05, 2.04)
Location Katiadi		1.00					
Kanaui	Karimganj	3.29	(2.65, 4.08)				
	ē ÿ						
	Cohort	1.00		1.00		1.00	
	2	1.15	(0.94, 1.42)	1.17	(0.87, 1.57)	1.17	(0.85, 1.61)
	_	1115	(3.5.1, 11.12)	1117	(5.5., 1.67)	111,	(5.55, 1.61)
Interaction							
Loc	cation & Cohort ^e	2.40	(1.89, 3.06)				
			(2.65, 4.08) (0.94, 1.42) (1.89, 3.06)	1.00	(0.87, 1.57)	1.00	(0.85, 1

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month Questionnaire).

b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA).

^cCohort 1 responses were originally in 1-3 Likert scale, and re-coded to 1,3,5 for comparison to Cohort 2 responses in 1-5 Likert scale.

^d Continuous maternal indices dichotomized by the following cut-point values: strong positive attitudes if > 53; high self-efficacy if >23; breastfeeding knowledge if > 2.

^e Interaction terms is coded as 1 for Karimganj, Cohort 2; and 0 for other combinations of location and cohort.

Table A14: Multivariate Logistic Regression Results for Exclusive Breastfeeding at 3 Months in Karimganj and Katiadi

		Overall								
	Model 1 Model 2			M	Model 3 Model 4			Model 5		
	Exp (β ) Adjusted OR	95% CI								
Intention to EBF ^a	1.90	(1.46, 2.48)	1.38	(1.04, 1.83)	1.39	(1.05, 1.84)	1.35	(1.02, 1.79)	1.35	(1.02, 1.80)
Maternal Constructs b Positive Attitude Toward Breastfeeding c Self-Efficacy Breastfeeding Knowledge	1.08 0.75 1.27	(0.86, 1.35) (0.60, 0.94) (1.02, 1.57)	1.08 1.02 1.18	(0.86, 1.36) (0.75, 1.38) (0.95, 1.48)	1.09 1.03 1.18	(0.86, 1.39) (0.76, 1.39) (0.95, 1.48)	1.06 1.03 1.16	(0.84, 1.34) (0.76, 1.40) (0.92, 1.45)	1.08 1.04 1.16	(0.85, 1.37) (0.77, 1.42) (0.92, 1.46)
Distal Factors Maternal Age 15-25 26-35 36+							1.00 0.95 1.03	(0.71, 1.27) (0.58, 1.82)	1.00 0.96 1.03	(0.71, 1.28) (0.58, 1.82)
Previous Births  None 1 >1							1.00 1.12 1.07	(0.82, 1.53) (0.76, 1.49)	1.00 1.12 1.06	(0.81, 1.53) (0.6, 1.49)
Socio-Economic Index (1-22)  1-6 7-12 13-22							1.00 0.81 1.15	(0.62, 1.04) (0.81, 1.65)	1.00 0.81 1.16	(0.62, 1.04) (0.81, 1.66)
Mother Education Illiterate Literate							1.00 1.10	(0.86, 1.42)	1.00 1.10	(0.86, 1.42)
Prenatal Care No Yes							1.00 1.19	(0.95, 1.50)	1.00 1.19	(0.95, 1.50)
Cohort 1 2			1.00 1.20	(0.90, 1.60)	1.00 1.13	(0.79, 1.61)	1.00 1.20	(0.90, 1.61)	1.00 1.12	(0.78, 1.61)
Sub-District Katiadi Karimganj			1.00 3.07	(2.44, 3.86)	1.00 2.88	(2.09, 3.98)	1.00 3.11	(2.47, 3.93)	1.00 2.89	(2.09, 4.00)
Interaction Cohort & Sub-District					1.00 1.13	(0.72, 1.78)			1.00 1.16	(0.73, 1.82)

Goodness of Fit Hosmer & Lemeshow Test $\chi^2$ p-value	0.07	0.05	0.03	0.96	0.99
Cox & Snell R ²	0.03	0.09	0.09	0.09	0.10
Nagelkerke R ²	0.04	0.12	0.12	0.13	0.13

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month Questionnaire).

^b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA). Continuous maternal indices dichotomized by the median cut-point values.

^c Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5 Likert scale.

Table A15: Multivariate Logistic Regression Results for Exclusive Breastfeeding at 3 Months in Karimganj and Katiadi (Continuous Maternal Indices)

		Kari	mganj		Katiadi				
	Me	odel 1	Mo	del 2	Me	odel 3	N	Iodel 4	
	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower	Exp (β ) Adjusted OR	95% CI Lower	Exp (β ) Adjusted OR	95% CI Lower Upper	
		-		Upper		Upper		-	
Intention to EBF ^a	1.65	(1.02, 2.67)	1.64	(1.01, 2.67)	1.20	(0.84, 1.71)	1.09	(0.76, 1.57)	
Maternal Constructs ^b									
Positive Attitude Toward Breastfeeding ^c	1.00	(0.98, 1.02)	1.00	(0.98, 1.02)	1.00	(0.98, 1.02)	1.00	(0.98, 1.02)	
Self-Efficacy ^c	1.05	(0.98, 1.12)	1.06	(0.99, 1.13)	0.98	(0.92, 1.04)	0.99	(0.93, 1.05)	
Breastfeeding Knowledge	1.10	(0.98, 1.24)	1.15	(1.01, 1.30)	1.04	(0.91, 1.18)	0.99	(0.87, 1.13)	
Distal Factors									
Maternal Age									
15-25			1.00				1.00		
26-35			0.92	(0.61, 1.38)			0.99	(0.65, 1.52)	
36+			0.78	(0.36, 1.68)			1.51	(0.65, 3.49)	
Previous Births									
None			1.00				1.00		
1			0.70	(0.45, 1.10)			1.64	(1.02, 2.63)	
>1			0.77	(0.47, 1.26)			1.29	(0.79, 2.12)	
Socio-Economic Index (1-22)			1.00				1.00		
1-6 7-12			1.00 0.81	(0.57, 1.16)			1.00 0.72	(0.49, 1.06)	
13-22			1.16	(0.57, 1.16) (0.70, 1.92)			1.02	(0.49, 1.06) (0.61, 1.71)	
Mother Education	1		1.10	(0.70, 1.92)			1.02	(0.01, 1.71)	
Illiterate			1.00				1.00		
Literate			0.84	(0.61, 1.18)			1.61	(1.09, 2.39)	
Prenatal Care			2.2.	(0102, 2120)				(5105, 5105)	
No			1.00				1.00		
Yes			1.05	(0.76, 1.43)			1.35	(0.95, 1.92)	
Cohort	1		1.00	(0.70, 1.75)			1.00	(0.50, 1.52)	
1	1.00		1.00		1.00		1.00		
2	1.55	(1.00, 2.41)	1.63	(1.05, 2.55)	1.06	(0.73, 1.54)	1.09	(0.74, 1.61)	
2	1.55	(1.00, 2.71)	1.03	(1.05, 2.55)	1.00	(0.75, 1.54)	1.07	(0.74, 1.01)	
Goodness of Fit	0.82		0.82		0.40		0.20		
Hosmer & Lemeshow Test χ ² p-value									
Cox & Snell R ²	0.02		0.03		0.00		0.03		
Nagelkerke R ²	0.03		0.05		0.01		0.04		

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month

- b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA).
  c Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5

Table A16: Multivariate Logistic Regression Results for Exclusive Breastfeeding at 3 Months in Karimganj and Katiadi

(Categorical Maternal Indices – distribution-based cutpoints)

		Kari	mganj			Kat	iadi	
	Mo	del 1		del 2	M	Iodel 3	M	odel 4
	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower Upper
Intention to EBF ^a	1.68	(1.04, 2.72)	1.69	(1.04, 2.74)	1.15	(0.81, 1.65)	1.05	(0.73, 1.52)
Maternal Constructs b								
Positive Attitude Toward Breastfeeding ^c	1.05	(0.75, 1.46)	1.06	(0.76, 1.49)	1.09	(0.77, 1.55)	1.08	(0.76, 1.54)
Self-Efficacy ^c	1.61	(1.07, 2.41)	1.64	(1.09, 2.48)	0.98	(0.55, 1.76)	0.99	(0.55, 1.81)
Breastfeeding Knowledge	1.06	(0.72, 1.56)	1.17	(0.78, 1.76)	1.12	(0.76, 1.65)	0.99	(0.66, 1.49)
Distal Factors								
Maternal Age								
15-25			1.00				1.00	
26-35			0.93	(0.62, 1.39)			0.98	(0.64, 1.50)
36+			0.77	(0.36, 1.66)			1.53	(0.66, 3.54)
Previous Births								
None			1.00				1.00	
1			0.76	(0.48, 1.18)			1.62	(1.01, 2.60)
>1 Socio-Economic Index (1-22)			0.83	(0.51, 1.36)			1.26	(0.77, 2.06)
1-6			1.00				1.00	
7-12			0.84	(0.59, 1.20)			0.72	(0.49, 1.05)
13-22			1.18	(0.71, 1.95)			1.01	(0.60, 1.69)
Mother Education	1		1110	(0.71, 1.50)			1.01	(0.00, 1.0)
Illiterate			1.00				1.00	
Literate			0.87	(0.62, 1.21)			1.61	(1.08, 2.38)
Prenatal Care				·				
No			1.00				1.00	
Yes			1.05	(0.77, 1.43)			1.35	(0.95, 1.91)
Cohort				(				()
1	1.00		1.00		1.00		1.00	
2	1.46	(1.04, 2.05)	1.49	(1.06, 2.11)	1.14	(0.82, 1.59)	1.14	(0.81, 1.59)
		(,)		(,)		(===, === /		(===,===)
Goodness of Fit	0.22		0.20		0.25		0.22	
Hosmer & Lemeshow Test χ ² p-value	0.23		0.29		0.35		0.22	
Cox & Snell R ²	0.02		0.03		0.00		0.03	
Nagelkerke R ²	0.03		0.04		0.01		0.04	

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month

# Questionnaire).

b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA). Continuous maternal indices dichotomized by the following cut-point values: strong positive attitudes if > 53; high self-efficacy if >23; breastfeeding knowledge if > 2.

^c Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5 Likert scale.

# **Regression Analyses – Full Breastfeeding**

Table A17: Bivariate Logistic Regression Results for Full Breastfeeding at 3 Months

		Ove	rall	Ka	rimganj	Kat	iadi
		Exp (β ) Unadjusted OR	95% CI	Exp (β ) Unadjusted OR	95% CI	Exp (β ) Unadjusted OR	95% CI
Intention to EBF ^a		1.63	(1.27, 2.11)	1.88	(1.17, 3.04)	1.19	(0.87, 1.63)
<b>Maternal Constructs</b>							
Continuous b							
Attitudes on Breastfeeding	(0-45) ^c	1.00	(0.99, 1.02)	1.00	(0.98, 1.01)	1.01	(0.99, 1.03)
Self-Efficacy 30) ^c	(0-	0.98	(0.95, 1.01)	0.99	(0.94, 1.04)	1.02	(0.97, 1.08)
Breastfeeding Knowledge	(0-6)	1.06	(0.97, 1.15)	1.00	(0.88, 1.14)	1.07	(0.96, 1.20)
Categorical d							
Distribution-Based Cutpo Attitudes on Breastfeeding	ints	1.11	(0.88, 1.40)	0.99	(0.69, 1.41)	1.26	(0.92, 1.72)
(strong vs weak) c							
Self-Efficacy		0.88	(0.65, 1.19)	1.13	(0.77, 1.66)	1.06	(0.62, 1.78)
(high vs low) °		1.07	(0.02.1.20)	0.02	(0.61.1.42)	1.10	(0.70, 1.55)
Breastfeeding Knowledge (sufficient vs insufficient)		1.07	(0.83, 1.39)	0.93	(0.61, 1.43)	1.10	(0.78, 1.55)
Categorical							
Cutpoints at Median							
Attitudes on Breastfeeding		1.02	(0.81, 1.27)	0.97	(0.69, 1.38)	1.04	(0.77, 1.41)
(strong vs weak) c							
Self-Efficacy		0.86	(0.68, 1.08)	0.93	(0.66, 1.31)	1.00	(0.73, 1.37)
(high vs low) c							
Breastfeeding Knowledge (sufficient vs insufficient)		1.24	(0.99, 1.55)	1.00	(0.71, 1.42)	1.30	(0.96, 1.76)
			-		-		•
<b>Distal Covariates</b>							
Maternal Age	15-	1.00		1.00		1.00	
	25	0.04	(0.74 1.10)	0.70	(0.55.1.10)	1.02	(0.75 1.13)
	26-35	0.94	(0.74, 1.19)	0.78	(0.55, 1.12)	1.03	(0.75, 1.43)
	36+	0.85	(0.51, 1.43)	0.59	(0.28, 1.25)	1.11	(0.54, 2.30)
Previous Births		1.00		1.00		1.00	
None							
	1	1.14	(0.83, 1.57)	0.86	(0.53, 1.42)	1.33	(0.86, 2.04)
	>1	1.01	(0.78, 1.32)	0.79	(0.52, 1.21)	1.19	(0.84, 1.68)

	I						
Socio-Economic Index (1	-22) 1-6	1.00		1.00		1.00	
	7-12	0.90	(0.70, 1.16)	0.94	(0.63, 1.39)	0.83	(0.59, 1.17)
	13-22	1.26	(0.88, 1.81)	1.18	(0.67, 2.07)	1.31	(0.82, 2.11)
Mother Education	Illiterate	1.00		1.00		1.00	
	Literate	0.97	(0.77, 1.22)	0.92	(0.64, 1.31)	1.08	(0.79, 1.47)
Prenatal Care No		1.00		1.00		1.00	
	Yes	1.02	(0.81, 1.29)	0.74	(0.52, 1.05)	1.18	(0.85, 1.63)
Location Katiadi		1.00					
	Karimganj	2.02	(1.61, 2.53)				
	Cohort 1	1.00		1.00		1.00	
	2	1.33	(1.06, 1.66)	1.71	(0.20, 2.42)	1.12	(0.83, 1.51)
Interaction							
Loca	ation & Cohort ^e	2.33	(1.74, 3.12)				

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month Questionnaire).

b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA).

^cCohort 1 responses were originally in 1-3 Likert scale, and re-coded to 1,3,5 for comparison to Cohort 2 responses in 1-5 Likert scale.

^d Continuous maternal indices dichotomized by the following cut-point values: strong positive attitudes if > 53; high self-efficacy if >23; breastfeeding knowledge if > 2.

^e Interaction terms is coded as 1 for Karimganj, Cohort 2; and 0 for other combinations of location and cohort.

Table A18: Multivariate Logistic Regression Results for Full Breastfeeding at 3 Months in Karimganj and Katiadi

						Overall				
	Mo	del 1	Mo	odel 2	M	odel 3	M	odel 4	Mo	del 5
	Exp (β ) Adjusted OR	95% CI								
Intention to EBF ^a	1.60	(1.23, 2.08)	1.29	(0.98, 1.70)	1.31	(1.00, 1.73)	1.29	(0.98, 1.70)	1.32	(1.00, 1.74)
Maternal Constructs b Positive Attitude Toward Breastfeeding c Self-Efficacy Breastfeeding Knowledge	0.99 0.84 1.16	(0.78, 1.25) (0.66, 1.07) (0.93, 1.46)	1.00 1.24 1.09	(0.78, 1.27) (0.90, 1.70) (0.87, 1.38)	1.05 1.28 1.10	(0.82, 1.35) (0.93, 1.76) (0.87, 1.39)	1.01 1.23 1.09	(0.79, 1.28) (0.89, 1.70) (0.86, 1.39)	1.06 1.28 1.10	(0.83, 1.36) (0.93, 1.76) (0.86, 1.40)
Distal Factors Maternal Age 15-25 26-35 36+							1.00 0.86 0.82	(0.64, 1.17) (0.46, 1.48)	1.00 0.88 0.82	(0.64, 1.19) (0.46, 1.48)
Previous Births  None 1 >1							1.00 1.07 1.06	(0.76, 1.49) (0.75, 1.51)	1.00 1.06 1.05	(0.76, 1.48) (0.74, 1.49)
Socio-Economic Index (1-22)  1-6 7-12 13-22							1.00 0.86 1.23	(0.66, 1.13) (0.84, 1.82)	1.00 0.86 1.27	(0.66, 1.13) (0.86, 1.87)
Mother Education Illiterate Literate							1.00 0.91	(0.70, 1.18)	1.00 0.91	(0.70, 1.18)
Prenatal Care No Yes							1.00 0.92	(0.72, 1.17)	1.00 0.91	(0.71, 1.16)
Cohort 1 2			1.00 1.51	(1.11, 2.03)	1.00 1.22	(0.86, 1.73)	1.00 1.52	(1.12, 2.07)	1.00 1.22	(0.86, 1.74)
Sub-District Katiadi Karimganj			1.00 1.97	(1.54, 2.51)	1.00 1.51	(1.09, 2.10)	1.00 2.00	(1.56, 2.55)	1.00 1.51	(1.09, 2.11)
Interaction  Cohort & Sub-District					1.00 1.76	(1.09, 2.83)			1.00 1.81	(1.12, 2.92)

Goodness of Fit Hosmer & Lemeshow Test $\chi^2$ p-value	0.83	0.22	0.39	0.19	0.95
Cox & Snell R ² Nagelkerke R ²	0.01 0.02	0.03 0.05	0.04 0.05	0.04 0.05	0.04 0.06

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month Questionnaire).

^b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA). Continuous maternal indices dichotomized by the median cut-point values.

^c Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5 Likert scale.

Table A19: Multivariate Logistic Regression Results for Full Breastfeeding at 3 Months in Karimganj and Katiadi (Continuous Maternal Indices)

		Kariı	nganj		Katiadi				
	N	Model 1	N	Iodel 2	N	Iodel 3	N	Iodel 4	
	Exp (β ) Adjusted OR	95% CI Lower Upper							
Intention to EBF ^a	1.95	(1.15, 3.29)	1.99	(1.17, 3.38)	1.10	(0.79, 1.52)	1.07	(0.76, 1.49)	
Maternal Constructs ^b									
Positive Attitude Toward Breastfeeding ^c	1.00	(0.98, 1.02)	1.01	(0.99, 1.03)	1.01	(0.99, 1.02)	1.01	(0.99, 1.02)	
Self-Efficacy ^c	1.06	(0.99, 1.14)	1.06	(0.99, 1.14)	1.04	(0.98, 1.10)	1.04	(0.98, 1.10)	
Breastfeeding Knowledge	0.92	(0.80, 1.06)	0.97	(0.84, 1.13)	1.04	(0.92, 1.17)	1.01	(0.89, 1.15)	
Distal Factors									
Maternal Age									
15-25			1.00				1.00		
26-35			0.81	(0.50, 1.29)			0.93	(0.62, 1.40)	
36+			0.57	(0.24, 1.34)			1.12	(0.50, 2.52)	
Previous Births									
None			1.00				1.00		
1			0.76	(0.44, 1.31)			1.29	(0.82, 2.03)	
>1			0.79	(0.44, 1.43)			1.21	(0.77, 1.91)	
Socio-Economic Index (1-22)			1.00				1.00		
1-6			1.00	(0.50, 1.27)			1.00	(0.54.1.11)	
7-12 13-22			0.90 1.20	(0.59, 1.37)			0.78	(0.54, 1.11)	
Mother Education	<b>-</b>		1.20	(0.66, 2.21)			1.18	(0.70, 1.97)	
Mother Education Illiterate			1.00				1.00		
Literate			0.82	(0.55, 1.21)			1.05	(0.74, 1.50)	
Prenatal Care			0.02	(0.33, 1.21)			1.03	(0.71, 1.50)	
No			1.00				1.00		
Yes			0.66	(0.46, 0.96)			1.15	(0.82, 1.61)	
Cohort				(====,=====)				(===, ===1)	
1	1.00		1.00		1.00		1.00		
2	2.48	(1.49, 4.12)	2.63	(1.56, 4.42)	1.23	(0.86, 1.75)	1.25	(0.87, 1.80)	
_	20	(11.2, 112)	2.03	(1.50,2)	1.23	(0.00, 1.70)		(0.07, 1.00)	
Goodness of Fit	0.31		0.07		0.89		0.29		
Hosmer & Lemeshow Test χ ² p-value									
Cox & Snell R ²	0.03		0.04		0.01		0.02		
Nagelkerke R ²	0.04		0.06		0.01		0.02		

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month

- Questionnaire).

  ^b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA).

  ^c Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5

Table A20: Multivariate Logistic Regression Results for Full Breastfeeding at 3 Months in Karimganj and Katiadi (Categorical Maternal Indices – distribution-based cutpoints)

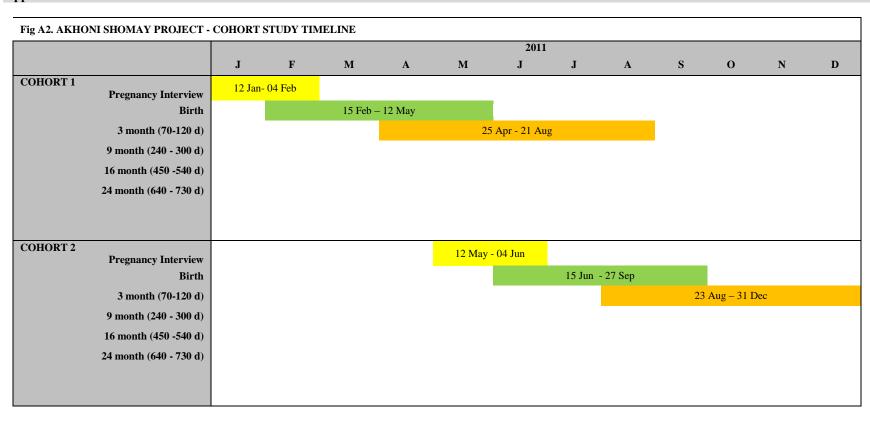
		Kar	imganj			Katiadi				
		Iodel 1		Iodel 2	Mo	del 3	M	odel 4		
	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower Upper	Exp (β ) Adjusted OR	95% CI Lower Upper		
Intention to EBF ^a	1.98	(1.17, 3.34)	2.00	(1.18, 3.41)	1.13	(0.81, 1.57)	1.11	(0.79, 1.55)		
Maternal Constructs b										
Positive Attitude Toward Breastfeeding ^c Self-Efficacy ^c Breastfeeding Knowledge	1.07 1.46 0.71	(0.72, 1.59) (0.90, 2.37) (0.45, 1.14)	1.13 1.47 0.85	(0.75, 1.70) (0.89, 2.42) (0.52, 1.39)	1.23 1.03 1.02	(0.90, 1.70) (0.59, 1.78) (0.71, 1.45)	1.23 1.02 0.94	(0.89, 1.70) (0.59, 1.78) (0.65, 1.36)		
Distal Factors										
Maternal Age 15-25 26-35 36+			1.00 0.80 0.56	(0.50, 1.29) (0.24, 1.33)			1.00 0.95 1.10	(0.63, 1.41) (0.49, 2.47)		
Previous Births				(**= *, *****)				(0112, =117)		
None 1 >1			1.00 0.80 0.83	(0.46, 1.37) (0.46, 1.48)			1.00 1.34 1.28	(0.85, 2.11) (0.82, 2.01)		
Socio-Economic Index (1-22)			0.83	(0.40, 1.48)			1.20	(0.82, 2.01)		
1-6 7-12 13-22			1.00 0.91 1.21	(0.60, 1.39) (0.66, 2.22)			1.00 0.80 1.21	(0.56, 1.13) (0.72, 2.02)		
Mother Education			1.00				1.00			
Illiterate Literate			1.00 0.82	(0.55, 1.21)			1.00 1.04	(0.73, 1.48)		
Prenatal Care										
No Yes			1.00 0.67	(0.46, 0.97)			1.00 1.14	(0.82, 1.60)		
Cohort										
1 2	1.00 2.12	(1.41, 3.21)	1.00 2.21	(1.45, 3.36)	1.00 1.11	(0.81, 1.52)	1.00 1.12	(0.81, 1.53)		
Goodness of Fit Hosmer & Lemeshow Test $\chi^2$ p-value Cox & Snell R ² Nagelkerke R ²	0.48 0.03 0.04		0.51 0.04 0.06		0.83 0.01 0.01		0.96 0.01 0.02			

^a Maternal intention to exclusively breastfeed assessed during third trimester of pregnancy during interview at 7 months gestational age (Question 9.1a or 8.3 in two versions of 7-Month Questionnaire).

b Indices for maternal attitudes (from 15 items), self-efficacy (6 items), and knowledge (6 items) based on simple sums of relevant questions, according to factor analysis (FA). Continuous maternal indices dichotomized by the following cut-point values: strong positive attitudes if > 53; high self-efficacy if >23; breastfeeding knowledge if > 2.

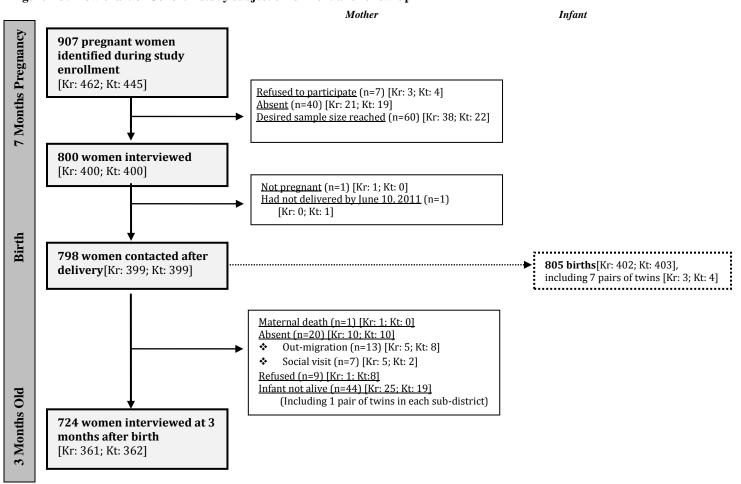
^c Cohort 1 interviews asked respondents to rate attitudes and self-efficacy according to a 1-3 Likert scale. These items were recoded as 1, 3, 5 for comparison to Cohort 2 responses in 1-5 Likert scale.

# **Appendix: Timeline**



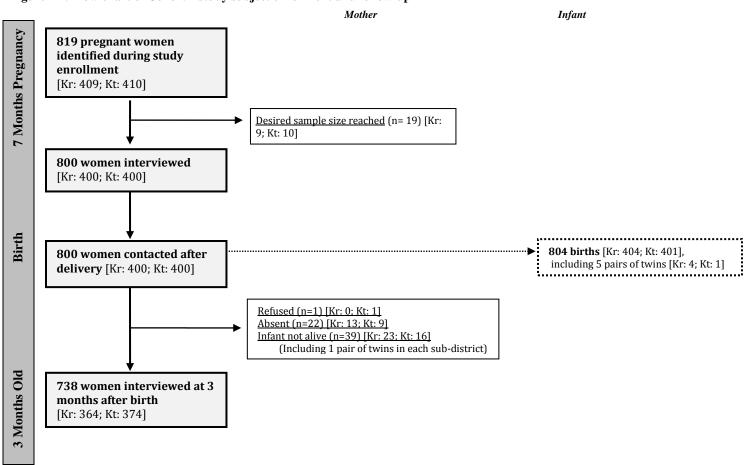
## **Appendix: Flow Chart**

Figure A3: Flow chart of Cohort 1 study subject enrollment and follow-up



# **Appendix: Flow Chart**

Figure A4: Flow chart of Cohort 2 study subject enrollment and follow-up



# **Appendix: Map of Study Locations**

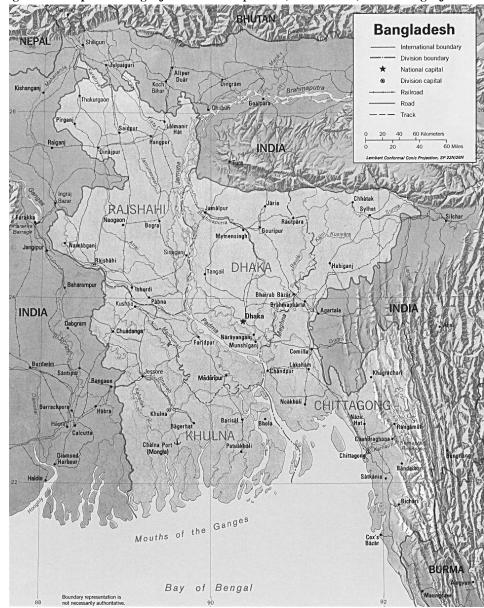


Figure A5. Map of Karimganj and Katiadi *Upazilas* (Sub-districts) in Kishoreganj District⁵

### **Appendix: Ethical Review Committee Approval Letter**





## Memorandum

29 December 2010

To: Dr ASG Faruque

Principal Investigator of research protocol # PR-10093

Clinical Sciences Division (CSD)

From: Professor AKM Nurul Anwar

Chairman

Ethical Review Committee (ERC)

Sub: Approval of research protocol # PR-10093

Thank you for your memo dated 28 December 2010 attaching the modified version of your research protocol # PR-10093 entitled "Monitoring Growth and Nutritional Status of Children in Rural Bangladesh" addressing the issues rasied by the reviewer to the satisfaction of the Committee. Accordingly, the Committee approved the research protocol. I have pleasure to inform you that your above protocol is approved through expedited review mechanism. You will be required to observe the following terms and conditions in implementing the research protocol:

- As Principal Investigator, the ultimate responsibility for scientific and ethical conduct including the protection of the rights and welfare of study participants vest upon you. You shall also be responsible for ensuring competence, integrity and ethical conduct of other investigators and staff directly involved in this research protocol.
- You shall conduct the study in accordance with the ERC-approved protocol and shall fully comply with any subsequent determinations by the ERC.
- 3. You shall obtain prior approval from the Research Review Committee and the ERC for any modification in the approved research protocol and/or approved consent form(s), except in case of emergency to safeguard/eliminate apparent immediate hazards to study participants. Such changes must immediately be reported to the ERC Chairman.
- You shall recruit/enroll participants for this study strictly adhering to the criteria mentioned in the research protocol.
- 5. You shall obtain legally effective informed consent (i.e. consent should be free from coercion or undue influence) from the selected study participants or their legally responsible representative, as approved in the protocol, using the approved consent form prior to their enrollment in this study. Before obtaining consent, all prospective study participants must be adequately informed about the purpose(s) of the study, its methods and

procedures, and also what would be done if they agree and also if they do not agree to participate in the study. They must be informed that their participation in the study is voluntary and that they can withdraw their participation any time without any prejudice. Signed consent forms should be preserved for a period of at least five years following official termination of the study.

- You shall promptly report the occurrence of any Adverse Event or Serious Adverse Event or unanticipated problems of potential risk to study participants or others to the ERC in writing within 24 hours of such occurrences.
- Any significant new findings, developing during the course of this study that
  might affect the risks and benefits and thus influence either participation in
  the study or continuation of participation should be reported in writing to the
  participants and the ERC.
- 8. Data and/or samples should be collected and interviews should be conducted, as specified in the ERC-approved protocol, and confidentiality must be maintained. Data/samples must be protected by reasonable security, safeguarding against risks such as their loss or unauthorized access, destructions, used by others, and modification or disclosure of data. Data/samples should not be disclosed, made available to or use for purposes other than those specified in the protocol, and shall be preserved for a period, as specified under Centre's policies/practices.
- You shall promptly and fully comply with the decision of the ERC to suspend or withdraw its approval for the research protocol.
- 10. You shall report progress of research to the ERC for continuing review of the implementation of the research protocol as stipulated in the ERC Guidelines. Relevant excerpt of ERC Guidelines and 'Annual/Completion Report for Research Protocol involving Human Subjects' are attached for your information and guidance.

I wish you success in running the above-mentioned study.

Copy: Director, CSD

Coordination Manager, RA

# Appendix: VII. Project Involvement and Responsibilities

Between February-April 2011, I assisted in developing the 3-month questionnaire. As part of the larger study, I also was primarily responsible for developing and coordinating review of the 9- and 16-month questionnaires (during summer 2011 and spring 2012). Additionally, during visits to Bangladesh during May-June 2011, and January 2012, I had the opportunity to observe interviews in Karimganj and Katiadi; as well as work on data analysis.

	l .		
	l .		
Study ID	l .		
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# Monitoring growth and nutritional status of children in rural Bangladesh Household Questionnaire

### Identification

Read: To begin with, I would like to collect some basic identification information from you.

	D. CY.								
	Date of Interview:								
	Mobile no:	Own							
		Request [							
		Name:							
1.1	Name of Mother:		Moth	ner Stu	ıdy I	D			
1.2	(MOTHER NAME), in what month and year were you born (month and year)	month 88= Don't	Know				Month		
		year 8888= Doi	n't Kno	ow			Year		]
1.3a	How old were you at your last birthday? (compare with question 1.2 above for consistency)	Age in con	nplete	d year	s				
			-	•					
1.3b	Do you have a government ID card where your birth date is written down?								
	IF YES:								
	May I see it? Verify age and return to respondent.								
	01 = Yes 02 = No								
	03 = No card 88 = Don't Know								
1.4	Name of Father:								
1.5	Name of Head of Household:								

		Study ID	
1.6	Area:	01= Karimganj 02= Katiadi	
1.7	Union/Ward:		
1.8	Village/Block/Mohalla:		
1.9	Are you planning to move or relocate in the next 6 months?	01 = Yes 02 = No >> Skip to 1.11 88 = Don't know	
1.10	How can we best reach you in 6 months?		
	Instructions: Write down new address, or probe for phone number that will not change in 6 months.		
1.11	Are you currently attending school?	01 = Yes 02 = No	
1.12	What is the last class (grade) of school that you have completed?	Instructions: Insert exact number of years completed.  01 = 1 year 02 = 2 years 03 = 3 years 04 = 4 years 05 = 5 years 06 = 6 years  07 = 7 years 08 = 8 years  10 = 10 years 11 = 11 years 12 = 12 years 13 = College (undergraduate) degree 14 = Some college (undergradate) 15 = Education after college  20=Admitted, but did not complete any class 21 = Admitted, but never completed first year	

		Study ID	
		55 = Religious education only 88 = Don't Know 99 = Not applicable	
1.13	Are you currently working?	01 = Yes 02 = No >> Skip to 2.1 99 = Not Applicable	
1.14	What type of work are you doing?	Instructions: Code for different types of occupations below.	

		$\overline{}$	
	l		1 1
Study ID			

2. Demographics and Socio-economic Status
Read: Now I am going to ask you a few general questions to better understand your background.

I am going to begin by collecting some information to get a better sense of who lives with you in your household <u>2.1 Household Schedule</u>

Line no.	Usual resident and visitors	Relationship to head of household	Sex	Resid	lence	Age	Marital Status	Ever attended school	Level of school attended	Current school attendance	Current paid work status	Cu
1	2	3	4		5	6	7	8	9	10	11	
Please give me the people who usually household includin stayed here last nig with the head of the last nig with the head of the last nig with the head of the last night nigh	live in your g any guests who this Please start e household.  evecord the for each three questions e table to make ct. Once verified, to information	What is the relationship of (NAME) to the head of the household?  See codes below	male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  (complete year) If age is less than 1 year write '00'  88=Don't Know,	What is (NAME) current marital status?	Has (NAME) ever attended school?  I=Yes 2=No 88=Don't Know, 99=Not Applicable `		Is (NAME) currently attending school?  1=Yes 2=No 88=Don't Know, 99=Not Applicable	Is (NAME) currently working?  I=Yes 2=No 88=Don't Know, 99=Not Applicable	Wh won (N/s curn doin see beld

	$\neg$		
	- 1	1	
Study ID			

Line no.	Usual resident and visitors	Relationship to head of household	Sex	Residence	Age	Marital Status	Ever attended	Level of school attended	Current school attendance	Current paid work status	Current type of work
01											
02											
03											
04											
05											
06											
07											
08											

	Study	ID ID	
09			
12			
13			
14			
Codes for Q.3 (Relationship to head of household) 01= head of household 02=husband/wife 03= son or daughter	04= son-in-law or daughter-in-law 05= grand child	06= parent 07= brother-in-law 08= other relative	09= adopted/foster/step child 10= not related 11=brother/sister 99= don't know
Code for O9. (Education)   O1 = 1 year   O2 = 2 years   O3 = 3 years   O4 = 4 years	05 = 5 years 09 = 9 years 06 = 6 years 10 = 10 years 07 = 7 years 11 = 11 years 08 = 8 years 12 = 12 years	13 = College (undergraduate) degree 14 = Some college (undergradate) 15 = Education after college 20=Admitted, but did not complete any class	21= Admitted, but never completed first year 55 = Religious education only 88 = Don't Know 99 = Not applicable
Code for O12 (Occupation)  01=Professional/technical (Doctor, engineer, lawyer, teacher, economist, agriculturist)  02=Large businesse (210,000 'Taka invested)  03=Small business (<10,000 'Taka invested)  street vendors  04=Blue collar services/(Factory worker, industry worker, garment worker)	05=White collar services: (Officer, manager, administrator, clerk) 06=Skilled worker (Driver, potter, black smith, gold smith, carpenter, masion, plumber, mechanic) 07=Un-skilled worker (Boatman, fisherman)	08=Day labour (Rickshaw/cart pullar, construction worker, daily wage labor) 09=Farmer/share cropper, 10=Domestic maid/house maid 11=House wife 12=Overseas employment 13=Begger	14=Unemployed 15=Student 16=Old aged/inactive 17=Household work 99=Not applicable 77=Other (specify)
	6		

			Study ID	
	Just to make sure that I have a co children or infant that we have no 1=Yes. 2=No	t listed?	ny other people such as	
	Are there any other people who m nts, lodgers or friends who usually 1=Yes, 2=No	live here?	r family, such as domestic	
	: Are there any guests or temporar ast night, who have not been listed 1=Yes, 2=N	?	anyone else who stayed	
Now I 2.2	would like to ask you a few quest. What is your current marital status?	ons about you.  01 = Married 02 = Single, never married	06 = Other. Please Specify:	
		02 = Single, separated 03 = Single, widowed 04 = Single, divorced 05 = Single, deserted	88 = Declined to answer 99 =Not Applicable	-
2.3	Now I would like you to read to "The name of our country is E live in Kishorganj. We love ou INSTRUCTIONS: If responden	Bangladesh. We are citizen r country."	of Bangladesh. Bangla is our moth	er tongue. We
2.4	Can you read any part of the s	entence to me?	01 =Cannot read at all 02= Can read some of it 03= Can read whole sentence	
2.5	What is your religion?		01= Islam 02= Hinduism 03= Buddhism 04= Christianity 77= Other [specify]	

Ctudy ID		
Study ID		
•	 	-

# 3. Household Characteristics

 ${\it Read: Now I would like to ask you some questions about your home}$ 

3.1 Mei	ntion sources of water l	by purpose of	use:					
	Drinking		01=Supply water (inside hor (roadside/ community/point) (own), 04=Shallow TW wa	), 03=Shallow TW wa	ter			
	Cooking		TW water (own), 06=Deep TW water (community), 07=Dug well (pucca & covered), 08=Dug well (open), 09=Rainwater, 10=Protected pond water, 11=Pond/					
	Food stuffs		lake water, 12=River/canal/77=Others (specify					
	Washing utensils							
3.2 Han	d washing practice							
	Purpose	a. Hand washing practice 01=Yes, 02= No	b.Type of agent used 01=Water,02=Mud, 03=Ash, 04=Soap, 99= Not applicable", 77=Others (specify)	c. How 01=Left hand, 02=Right hand, 03=Both hand, 99= Not applicable"	d. Source of water 01= Supply water, 02=Tube-well 03=Dug well 04= River/canal/beel/ditch water, 11=Pond/ lake water, 99=Not applicable" bq, 77=Others (specify			
	Before food preparation		77=Others (specify))		77=Others (specify)			
	Before taking meal		77=Others (specify) (specify)		77=Others specify)			
	Before feeding the child		77=Others (specify)		77=Others (specify)			
	After helping in defecation of the child		77=Others (specify)		77=Others (specify)			
	After using the toilet		77=Others (specify)		77=Others (specify)			
3.3	Do you do anything	to the water	1=Yes					

			Study ID	
	4	2=No >>3.5		
	to make sure it is safe to drink?	2=No >> 3.3 88=Don't Know		
3.4	What do you usually do to make sure the water is safe to drink?	Boil water		
	INSTRUCTIONS: Record all responses that apply 1=Yes 99= Not applicable	Treat with bleach/chlorin strain through a cloth	ne/use purify tablet/	
	99– Not applicable	Use water filter (ceramic	e/sand/composite/etc	
		Let it stand and settle		
		Other[Specify] Don't know		
		Doll t know		
3.5	What kind of toilet facility do members of your household usually use?	01=Flush latrine, 02=Po 03=Ventilated improved Ventilated improved pit seal, 05=Traditional pit I latrine,07=No facility: N latrine/jungle/bush/grour 77=Others(specify)	pit (VIP) latrine, 04= (VIP) latrine with water atrine, 06=Hanging No	
3.6	Do you share this toilet facility with other households?	1=Yes 2=No>>3.8 99= Not applicable		
3.7	How many people use this toilet facility?	99= Not applicable		
3.8	Does your household have: INSTRUCTIONS: Please <u>circle</u> the number for each 1=Yes, 2=No	e correct response	1=Yes, 2=No	
	Electricity/solar/generator		Radio	
	Television		Mobile telephone	
	Non-mobile telephone		Refrigerator	
	Almirah		Table	
	Chair		Watch	
	Motorcycle		Bicycle	
	Animal-drawn cart		Car/truck	

		Study ID	
	Boat with motor	Rickshaw/van	
	Cot	Power tillar/tractor	
	Tempoo/shollow	Sewing machine	
	Other (specify)		
3.9	What type of fuel does your household mainly use for cooking?	01= Electricity, 02=LPG, 03= Natural gas, 04= Biogas, 05= Kerosene, 06= Coal/lignite, 07= Charcoal, 08= Wood, 09= Straw/ shrubs/grass (including leaves), 10= Agricultural crop residual, 11= Animal dung (including cow), 77=Other (specify	
3.10	What type of cooking stove is mainly used in your house?	01= Kerosene stove 02= Gas stove 03= Open fire 04= Open fire or stove with chimney or hood 05= Closed stove with chimney 77=Other[Specify]	
3.11	Where is cooking usually done?	01 =In a room used for living or sleeping 02= In a separate room in the same building used as kitchen 03= In a separate building used as kitchen 04= Outdoors 77= Other [Specify]	
3.12	Main material of the floor:  INSTRUCTIONS: Record observation	01= Earth/sand, 02= Wood, 03= Stone-brick 04= Cement, 05=Tile, 06= Vinyl strips, 07= Bamboo, 77= Other (Specify)	
3.13	Main material of the roof:  INSTRUCTIONS: Record observation	01= Cement blocks 02= Bricks/cement/concrete 03= Timber/wood, 04= Tin, 05= Dirt, 06= Straw/coconut leaves/ branches, 07= Bamboo, 08 = Poly paper, 09	

			Study ID				
			= Jute 77= Other (specify)				
3.14	Main material of the exterior walls:  INSTRUCTIONS: Record observation		01= Cement blocks 02= Bricks/cement/conc 03= Timber/wood, 4= T Dirt 06= Straw/coconut leave branches 07= Bamboo 77= Other (specify)	in, 5=			
3.15	How many rooms in this household are used for sleep	ping?	Rooms				
3.16	Does this household own any livestock, herds, other f animals, or poultry?	farm	01= Yes 02=No >> Skip to	3.18			
3.17	How many of the following animals does this househown? INSTRUCTIONS: if none enter '00' if more than 95. Enter '95' if unknown, enter '88', 99=Not Applicable  Cows/Bulls/Buffalos  Goats/Sheep  Chicken/Ducks	old					
3.18	Do you have any land of your own?	01=Y 02=N 99=N		if 2, sk	cip to sec	tion 4	
3.19	If Yes, mention  Dwelling: 01=Yes, 02=No, 9999=Not applicable, 888 area  Agricultural: 01=Yes, 02=No, 9999=Not applicable, 8				Decima	al	]
	area						

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# 4.1 Food Security and Maternal Diet and Nutrition

Q-01.	During the last 30 d, at what interval has your household purchased rice?	1.Did not buy 2.1–3 times the last 30 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	
Q-02.	During the last 30 d, at what interval has your household purchased "kanchabajar"? (Note: "kanchabajar" refers to shopping of perishable food items such as vegetables, fish and meat.)	1.Did not buy 2.1–3 times the last 30 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	
Q-03.	During the last 30 d, how many times a day did cooking usually take place in your household?	1.Never 2.Once a day 3.Twice a day 4.Three times a day 5.Four times or more	
Q-04.	During the last 30 d, has your household helped others with cash or food items (like rice) for enabling them to make a meal? (If the woman is rich, tell her that we need to ask this question of everybody, so she does not mind.)	1= Yes 2=No	
Q-05.	During the last 30 d, how often has your household had to borrow from others to make a meal?	1.Never 2.1–3 times in the last 30 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	
Q-06.	Have you paid back or do you think you can pay back?	1= Yes 2=No	
Q-07.	During the last 30 d, how many times on average have you had a fulfilling meal in a day when you did not lack appetite?	1.One time 2.Two times 3.Three times 4.Four times	
Q-08.	During the last 30 d, how often has it happened that you could NOT eat as many fulfilling meals as you would like to have done when you did not lack appetite?	1.Never 2.1–3 times the last 30 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	
Q-09.	For the last 30 d, did you usually have snacks in between meals when you did not lack appetite?	1.No 2.Three times or more 3.Once or twice	
Q-10.	For the last 30 d, how often did you have fish when you did not lack appetite? (If the woman is rich, tell her that we	1.Not once 2.1–3 times the last 30 d	

		Study ID	
	need to ask this question of everybody, so she does not	3.Once in 7 d	
	mind.)	4.2–3 times in 7 d	
		5.At least 4–5 times in 7 d	
Q-11.	During the last 30 d, how often have you had to eat rice	1.Did not have to	
_	with just chili and salt even if you did not lack appetite?	2.1-3 times the last 30 d	
		3.Once in 7 d	
		4.2–3 times in 7 d	
		5.At least 4–5 times in 7 d	

Read: Now I would like to ask you some questions regarding your diet and nutrition. I would like to record any liquids or foods that you had yesterday during the day or at night.

4.2	Did you (drink/eat):		
	A. Plain water?	1= Yes, 2=No 88=Don't know	
	B. Sugar water/honey/juice	1= Yes, 2=No 88=Don't know	
	C. Cow's or goat's milk or yogurt?	1= Yes, 2=No 88=Don't know	
	D. Other liquid?	1= Yes, 2=No 88=Don't know	
	E. Papaya/mango?	1= Yes, 2=No 88=Don't know	
	F. Dark green leafy vegetables?	1= Yes, 2=No 88=Don't know	
	G. Other fruits and vegetables?	1= Yes, 2=No 88=Don't know	
	H. Rice, wheat, porridge, bread?	1= Yes, 2=No 88=Don't know	
	I. Meat	1= Yes, 2=No 88=Don't know	
	J. Organ meat (such as liver)	1= Yes, 2=No 88=Don't know	
	K.Fish/eggs?	1= Yes, 2=No 88=Don't know	
	L. Dal?	1= Yes, 2=No 88=Don't know	

		Study ID	
	M. Others foods?	1= Yes, 2=No 88=Don't know	
4.3	Have you taken any iron tablets or iron syrup during this pregnancy?	1= Yes, 2=No 88=Don't know	
4.4	If 'Yes' how many days have you taken them for?	Days 999=Not applicable	
	egnancy Now I would like to ask you some questions regar	ding your experiences with pregnancy a	nd breastfeeding.
5.1	Have you ever given birth?	01= Yes 02= No >> go to Section 6	
5.2	How many times have you given birth, including all live and stillbirths?	(Record number)	
5.3	How many times have you given stillbirths?	(Record number)	
5.4	How many times have you given live births?	(Record number)	
5.5	How many of these were:	Boys Girls	
5.6	Have you ever given birth to a boy or girl who was born alive but died later?  INSTRUCTIONS: Please probe: This includes any baby who cried or showed signs of life but did not survive?	01= Yes 02= No >> Skip to 5.8	
5.7	How many boys have died?	Boys dead	
	How many girls have died?		

Study ID		

Read: Now I'd like to record the names of all your births, whether still alive or not starting with the first one you had. I would like to collect information on your breastfeeding experience with each child.

5.8	5.9	5.10	5.11	5.12	5.13	5.14	5.15	5.16	5.17	5.18
What name was given to your (first- birth ever/ last birth /and second- to-last birth) baby?	Is (NAME) a boy or girl?	In what month and year was (NAME) born?	Is (NAME) still alive?  If 'No' skip to Q:5.12 01=Yes 02=No>> 5.12	IF ALIVE: How old was (NAME ) at his/her last birthday ?  If less than one year recode '00' Recode in full year	IF ALIVE: Is (NAME) living with you today?	IF DEAD: How old was (NAME) when s/he died?  IF '1 YR PROBE': How many months old was (NAME)?  "If 'ess than I days recode hour "Recode days if less than 1 month if less than two years or 1 year "Recode gar if more than two years 99=Not applicable	What did (NAME) die from? See codes below  99=Not applicable	Did you ever breastfeed (NAME)?  01=Yes 02=No>> section 6 99=Not applicable	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HR, RECORD '00' HRS. IF LESS THAN 24 HR, RECORD HRS, OTHERWISE, REOCRD DAYS  99=Not applicable	Colostrum is the first milk-like substance, thick, yellow/cream in color, produced during the first few days after birth (2-4 days).  Was (NAME) given colostrum immediately after hirs/her birth?  01=Yes 02=No 99=Not applicable

						Study ID				
5.6	5.7	5.8	5.9	5.10	5.11	5.12	5.13	5.14	5.15	5.16
FIRST- CHILD- EVER (first born)		Month Year				Hour Days Month Year			Soon 00 Hour Days	
LAST BIRTH		Month Year				Hour Days Month Year			Soon 00 Hour Days	
SECOND- TO-LAST BIRTH		Month Year				Hour Days Month Year			Soon 00 Hour Days	
01= Birth asp	Code for Q. 5.13  01= Birth asphyxia, 02= Premature/low birth weight, 03= Sepsis/ meningitis, 04=Respiratory distress syndrome, 05= Pneumonia, 06=Accident, 77= Other (specify)									

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5.17	5.18	5.19	5.20	5.21	5.22
In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	What was (NAME) given to drink during th first few months? RECORD ALL LIQUIDS MENTIONED PROBE: Anything else?	e Are you still breastfeeding (NAME)?	For how many months did you breastfeed (NAME) for?	Read: Exclusive breastfeeding is termed as not giving anything (no water, other milk, honey, mustard oil, sugar) other than breast milk to your baby for 6 complete months.  Given this definition do you believe you exclusively breastfeed (NAME)?	How would you rate your overall breastfeeding experience with (NAME) on a scale from 1 to 5.1 being 'very bad, will never again breast feed, and 5 being 'very good, will continue to breastfeed future children'?  Please think about family support, breastfeeding problems/difficulties, and other barriers when choosing your answer.
01= Yes, 02= No, 99=Not Applicable	99=Not Applicable	01= Yes 02= No			
FIRST-CHILD- EVER (first born)	Only breastfeed Milk (other than breast milk) Plain water Sugar/slucose water Sugar-salt solution Fruit juice Infant formula Tea'nfusions Honey Mustard oil Other [Specify] Don't know		Days Month 88=Don't know 99=Not Applicable	1= Yes, 2= No, 99=Not Applicable	Very bad Bad So so Good Very good  1 2 3 4 5

		S	itudy ID					
5.17	5.18	5.19	5.20	5.21		5.	22	
LAST BIRTH	Only breastfeed Milk (other than breast milk) Plain water Sugar/glucose water Sugar-salt solution Fruit juice Infant formula Tea/infusions Honey Mustard oil Other [Specify]		Day Month 88=Don't know 99=Not Applicable	01= Yes, 02= No, 99=Not Applicable	Very bad		so Good	1 Very good 5
SECOND-TO- LAST BIRTH	Only breastfeed Milk (other than breast milk) Plain water Sugar/glucose water Sugar-salt solution Fruit juice Infant formula Tea/infusions Honey Mustard oil Other [Specify] Don't know		Day  Month  88=Don't know 99=Not Applicable	01= Yes, 02= No, 99=Not Applicable	Very bad	Bad So		1 Very good 5

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## 6. Access to Antenatal Care Services and Other Sources of Breastfeeding Support Read: Now I would like to ask you some questions about your <u>CURRENT</u> pregnancy.

6.1	During this pregnancy, did you	receive any	01=Yes		
0.1	counseling or information about		02=No		
	pregnant women?	<b>,</b>	88=Don't know		
6.2	Was this counseling during an A	ANC visit?	01=Yes 02=No 88=Don't know		
6.3	Who did you receive counseling from?  INSTRUCTIONS: Even if participant answered 'yes' above to ANC counseling, please record 'who' offered the counseling.  For those who did not receive counseling at an ANC visit, please record all which apply.  01= Yes 99=Not Applicable (If not responded)	Hospital/Upazila Doctor  Govt. Heath Wo (FWA/HA)  IYCF Promoter TBA  Husband  Mother/Mother:  Other Family me Religious Leade Other[Specify].	in law embers r	Midwife/nurse Smily sun  BRAC SK Other NGO Worl Village Doctor Pharmacy Neighbors/ Friend Union Parisad Fold Member School Teacher Nobody/Never nadvice Homiopathy	ds male
6.4	During this pregnancy, did you receive any counseling about breastfeeding infants and young children?	01=Yes 02=No 88=Don't know			
6.5	Who did you receive this counseling from?  INSTRUCTIONS: Please record all that apply	Hospital/Upazila Doctor Govt. Heath Wo (FWA/HA)	a Health Center, Clinic	Midwife/nurse Smily sun BRAC SK	
	01= Yes 99=Not Applicable (If not	IYCF Promoter		Other NGO World	cers

		Stud	y ID
	responded)	TBA	Village Doctor
		Husband  Mother/Mother in law	Pharmacy  Neighbors/ Friends
		Other Family members	Union Parisad Female Member
		Religious Leader  Other[Specify]	School Teacher  Nobody/Never needed advice
			Homiopathy
6.6	During this pregnancy, did you receive any counseling on feeding infants and young children, other than advice related to breastfeeding?	01=Yes 02=No 88=Don't know	
6.7	Who did you receive this	Hospital/Upazila Health Center, Clinic	Midwife/nurse
	counseling from? Access to support:  INSTRUCTIONS: Please	Doctor	Smily sun
	record all that apply	Govt. Heath Worker (FWA/HA)	BRAC SK
		IYCF Promoter	Other NGO Workers
	01= Yes 99=Not Applicable (If not responded)	ТВА	Village Doctor
		Husband	Pharmacy
		Mother/Mother in law	Neighbors/ Friends
		Other Family members	Union Parisad Female Member
		Religious Leader	School Teacher
		Other[Specify]	Nobody/Never needed advice
			Homiopathy

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Study ID		

7. Breastfeeding Knowledge
Now I would like to ask you some questions regarding breastfeeding in general.

7.1	How long after birth should a baby start breastfeeding?	01= Immediately 02= Less than 1 hour after delivery 03= Some hours later but less than 24 hrs 04=1 day later 05= More than 1 day later 06= Do not think baby should be breastfeed 88= Don't know	
7.2	What should a mother do with the "first milk" or colostrum?	01= Throw it away and start breastfeeding when the real milk comes in 02= Give it to her baby by breastfeeding soon after birth 88= Don't know 77= Other [Specify]	
7.3	Do you think that a mother with small breasts can produce enough milk to feed her infant?	1= Yes, 2= No, 88=Don't know	
7.4	Do you think that a mother who hasn't eaten enough can produce sufficient milk to feed her infant?	1= Yes, 2= No, 88=Don't know	
7.5	How can you tell when a baby is hungry?	01= When the baby sucks his/her fingers 02= When the baby becomes agitated 03= When the baby looks for the breast 04= When the baby cries 88= Don't know 77= Other [Specify]	
7.6	How often should a baby breastfeed?	01= Whenever the baby wants 02= When you see the baby is hungry 03= When the baby cries 88= Don't know 77= Other [Specify]	
7.7	If a mother thinks her baby is not getting enough breast milk, what should she do?  INSTRUCTIONS: Please record all that apply  01= Yes 99=Not Applicable (If not responded)	Breastfeed more often/more frequently Give other liquids/food Mother needs to drink more water Mother needs to eat more food Cow's milk Taking advice (doctor/neighbor/other household member) Don't know	
		Other [Specify]	

		Study ID	
7.8	Do you think that infants under 6 months of age should be given water if the weather is very hot?	1= Yes, 2= No, 88=Don't know	
7.9	Do you think a mother should stop breastfeeding her child if she (the mother) becomes ill, and start breastfeeding again only after she becomes better?	1= Yes, 2= No, 88=Don't know	
7.10	At what age should a baby first start to receive liquids (including water) other than breast milk	Months 88=Don't know	
7.11	At what age should a baby first start to receive foods in addition to breast milk?	Months	
7.12	What are some reasons why a young baby should be exclusively breastfed?  INSTRUCTIONS: Make sure respondent is clear on definition of 'exclusive breastfeeding'. If necessary, read definition offered in Module 4.  If necessary, read definition offered in Module 5.21.  INSTRUCTIONS: Please record all that apply 01= Yes 99=Not Applicable (If not responded)	Protects baby from illness  Helps baby grow better  Breast milk contains everything a baby needs for the first 6 months  Mother less likely to get pregnant  Delayed return of mother's menstrual cycle  Breast milk is clean, safe, convenient  Breast milk is affordable  Reduces health care costs  Other [Specify]	
7.13	Up to what age should a baby continue to be breastfed?	Months	
7.14	What should you do when your child has diarrhea? INSTRUCTIONS: Please record all that apply 01= Yes 99=Not Applicable (If not responded)	Continue breastfeeding Breastfeed less than usual Breastfeed more than usual Give less liquids than usual Give as much liquids as usual Give more liquids than usual Give syrups	
		22	

		Study ID	
		Give traditional medicine Give treated water	
		Give carrot juice or rice water	
		Give Zinc	
		ORS	
		Don't know	
		Other [Specify]	
7.15	What should you do (in relation to feeding) AFTER your child has recovered from	Continue breastfeeding	
	diarrhea or another illness?	Breastfeed less than usual	
	INSTRUCTIONS: Please record all that apply 01= Yes	Breastfeed more than usual	
	99=Not Applicable (If not responded)	Feed an extra meal every day for 2 weeks	
		Give more liquids than usual	
		Give nutritious food	
		Drug/vitamin	
		Don't know	
		Other [Specify]	

Study ID		
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## 8. Intentions to Breastfeed

Read: I am going to ask you some questions about your plans to feed your baby. Please choose the answer that most clearly matches your opinion considering both your feeding plans and the likelihood that you will carry out those plans.

	mutches your opinion considering both your jee	and plans and the internoon that you will e	arry our mose p.
8.1	Do you plan to breastfeed your baby at all?	01=Yes	
		02=No >>9	
		03=Not planning	
		88=Don't know	
8.2	Do you plan to only/exclusively breastfeed your	01=Yes	
	baby?	02=No >>8.4	
	This means not giving the baby anything else to	88=Don't know	
	drink or eat besides breast milk		
8.3	For how long do you plan to only or	01 month 07 months	
	exclusively breastfeed your baby?	02 months 08 months	
		03 months 09 months	
	INSTRUCTIONS: Record the number of months	04 months 10 months	
	reported. If '1 month', record '01'. If '>12	05 months 11 months	
	months', record '>12' and specify how long in	06 months 12 month	
	months for instance if 15 months, enter '15m'	oo mondis 12 mondi	
	months for thistance if 15 months, enter 15m	>12 months (please specify)	
	If less than 'I month' record number of days	> 12 months (pictise specify)	
	followed by 'd' for example 20 days should be		
	entered as '20 d'		
8.4	Will you give your baby something other than	01 V 02 V 0	
8.4		01= Yes, 02=No>> 9,	
	breast milk?	88=Don't know	
8.5	At what age do you plan to begin giving your	01 month 07 months	
	baby other foods?	02 months 08 months	
		03 months 09 months	
		04 months 10 months	
		05 months 11 months	
		06 months 12 month	
		>12 months (please specify)	
8.6	What sort of foods do you plan to give your		
	baby at that point?	Animal milk (other Honey	
		than breast milk)	
	INSTRUCTIONS: If unclear as to when that	Mustard o	il
	point is- clarify by referring to respondent's	Plain water	
	answer above.		
		Sugar/glucose water Hotchpoto	:h
	01= Yes		
	99=Not Applicable (If not response)	Sugar-salt solution Egg	
		Fruit juice Banana	
		L. I. J. L.	
		Infant formula Boiled veg	getable
		Tea/infusions Only brea	stmilk
		Suji	
		Other [Specify]	
		1	

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## 9. Breastfeeding Attitudes

9.1a	What is the PRIMARY method of infant feeding that you are planning on using?	01= Exclusive breastfeeding 02= Partial breastfeeding and other foods 03= No breastfeeding at all, only other foods (animal milk, sugar, etc) 04=Did not plan anything	
9.1b	How long do you intend to breastfeed?	Time in months	
9.1c	When did you decide you were going to breastfeed?	01= Before you became pregnant 02= During the first three months of pregnancy 03= During the middle three months of pregnancy 04= During the last three months of pregnancy 05=Did not take any decission	

Read: Now I would like you to consider the following definition of exclusively breastfeeding once more.

Exclusive breastfeeding is termed as not giving anything (no water, other milk, honey, mustard oil, sugar...) other than breast milk to your baby for 6 complete months. Keeping this definition in mind, please choose the number that most closely describes how you feel about each statement.

		Disagree	Neither on nor	disagree agree	Agree
9.2	Exclusive breastfeeding is the best way of providing food for my baby	1	2	3	
9.3	Exclusive breastfeeding is difficult, as it limits the mother's freedom to do other things	1	2	3	
9.4	Exclusive breastfeeding is healthy for the baby.	1	2	3	
9.5	Exclusive breastfeeding is difficult because it means that no one else can help you feed the baby, you have to do it all by yourself	1	2	3	
9.6	Exclusive breastfeeding is difficult because it is embarrassing to feed the baby in public	1	2	3	
9.7.	Exclusive breastfeeding is difficult because it is uncomfortable to feed the baby in public	1	2	3	
9.8	Exclusive breastfeeding is difficult because it is hard to feed the baby in public	1	2	3	
9.9	Exclusive breastfeeding is the most nutritious food for my baby.	1	2	3	
9.10	Feeding the baby something other than breast milk is easier than only breastfeeding	1	2	3	
9.11	Breastfeeding (Exclusive) makes you closer to your baby.	1	2	3	
9.12	Breastfeeding (Exclusive) will make it hard to go back to work	1	2	3	
9.13	Exclusive breastfeeding is better than feeding the baby other foods because breast milk is free	1	2	3	

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9.14	When you breastfeed you never know if the baby is getting enough milk	1	2	3	
9.15	Mothers who feed the baby other things (animal milk, water, other foods) get more rest than mothers who exclusively breastfeeding	1	2	3	
9.16	Exclusive breastfeeding takes up too much time	1	2	3	
9.17	Breastfeeding is messy.	1	2	3	
	each of the following individuals, indicate what they believe is the bother/mother-in-law died or received no advice from doctor please consider it as a totel)	no response, Never give	and keep the BM Par	e question rtial eding + C	
9.18	The baby's father thinks I should	1	2		3
9.19	My mother thinks I should	1	2		3
9.20	My mother-in-law thinks I should	1	2		3
9.21	My sister thinks I should	1	2		3
9.22	My doctor thinks I should	1	2		3
Read: Ple	ase indicate the degree to which you agree or disagree with the follow	wing state	ments.		
	D	isagree	Neither o		Agree
9.23	I am physically able to exclusively breastfeed	1	2		3
9.24	I know how to exclusively breastfeed	1	2		3
9.25	I am determined to exclusively breastfeed	1	2		3
9.26	I won't need help to exclusively breastfeed	1	2		3
9.27	Exclusive breastfeeding is easy	1	2		3
9.28	I am confident I can exclusively breastfeed	1	2		3

			Study ID	
How mu	Now I would like to ask you about you and pe ch do you agree with the following statement this pregnancy			e unsure.
9.29	I have someone to help me if I am sick or need to rest	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify	
9.30	I have someone to take me to the clinic or doctor's office	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify	
9.31	I have someone to talk with about my problems	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify	
9.32	I have someone to help me if I am tired and feeling frustrated with my new baby	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify	
	Now I would like to ask you 2 additional queswill first read a statement. Please tell me whe			
9.33	In general, I can trust the majority of people in my community.	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not applicable 77 = Other. Specify	
9.34	I feel as though I am a part of this community.	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not applicable 77 = Other. Specify	

Adapted from Prepaner, Rick Assessment Monitoring Systems and, 
Lippennia ed. 2009) Social Environmental Factors and Protective Sexual Behavior among Sex Workers: The Encontrol Intervention in Brazil. Amer J Public Health, 99(11), 1-11, 

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	Study ID								
10. Maternal Depression Screener ³ Read: Now I would like to ask you a few questions about you have been feeling since giving birth to (INFANT NAME). Specifically, I would like for you to now recall how you have been feeling IN THE PAST 2 WEEKS, not just how you feel today.									
Instructions: Please read aloud the 4 answer choices before the respondent answers.  READ: Over the last 2 weeks, how often have you been bothered by any of the following problems:									
10.1 Feeling down, depressed, or hopeless	01 = Not at all 02 = Several days 03 = More than half of the days 04 = Nearly every day 05 = Other. Specify 88 = Don't Know								
10.2 Little interest or pleasure in doing things	01 = Not at all 02 = Several days 03 = More than half of the days 04 = Nearly every day 05 = Other. Specify 88 = Don't Know								

Gjerdingen D, Crow S, McGovern P, Miner M, Center B. Postpartum depression screening at well-child visits: validity of a 2-question screen and the PHQ-9.Ann Fam Med. 2009;7(1):63-70.

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care. 2003;41(11):1284-92.

Study ID		
Study ID		

11. Woman's Empowerment
Read: Now I would to ask you some questions about decision-making and other household dynamics
INSTRUCTIONS: Preferable ask woman alone, in absence of her husband

11.1	How old were you at the time of n (years	narriage?	(Year)	Year)					
11.2	How old were you at the time of y child's birth? (years)	our first	(Year)						
11.3	Have you heard of contraceptive n	nethods?	01=Yes 02=No 88=Don't know						
11.4	Have you ever used a contraceptive	re method?	01=Yes 02=No >>10.6 88=Don't know						
11.5	What methods of contraception have you used? 01= Yes 99=Not Applicable (If not response)	Any tem pi cc inj IU N Other	ondom ection	Female ste Male steril Kabiraji Not curren any method Don't know	tly using				
Contro	In the last 12 months who has been decisions regarding how your incospent?		01= Mainly wife (you) 02= Mainly husband 03= Wife and husband joi	ntly					
11.7	Are you involved in a savings progour own income/family income?		77= Other[Specify] 99=Not applicable  01=Yes 02=No 88=Don't know						
			00-DOII I KIIOW						

Freedor	m of movement							
11.8	Can/do you go to a hospital, health center or immunization center alone or accompanied by your children for a health problem?	01= Can go alone to health center or hospital 02= Can go to health center/hospital if accompanied by children 03= Cannot go to health center alone (with or without children) 04=Never can go alone to the health center 05=Never can go alone to the health center without permission						
11.9	Are you part of a community peer support group?	01=Yes 02=No 88=Don't know						
Women's participation in decision-making  INSTRUCTIONS: For this section (Q10.11a- 10.11h) please write the appropriate code from the list below, next to each question								
11.10	Who in the family makes decisions regarding the following activities?	01= Mainly wife (you) 02= Mainly hu 03= Wife and husband jointly 04= Someone else 88=Don't know 99=Not applicable	sband					
11.10 a	Mother's own healthcare?							
11.10 b	Major household purchases (cow, radio, TV etc)							
11.10c	Purchases of daily household needs (rice, oil, fuel etc)							
11.10 d	Visits to your family or relatives							
11.10 e	Children's healthcare							
11.10 f	What your child eats/drinks							
11.10 g	Use of contraceptive methods							
11.10 h	Participation in a peer support group							
11.11	Do you make a personal sacrifice to participate in such groups such as not doing household chores or not going to the field?	01=Yes 02=No 88=Don't know 99=Not applicable						
11.12	Do you think it is more important to ensure a male baby is well fed in comparison to a female baby?	01=Yes 02=No 88=Don't know 99=Not applicable						

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11.13	Is the husband/male members of your household supportive when you are facing problems with child's feeding?	01=Yes 02=No 88=Don't know 99=Not applicable	
Social (	Capital		
INSTRU	r the following questions please answer with ICTIONS: For this section (Q10.12a-10.12) next to each question		y Yes=01 or
11.14	In the last 12 months have you been an active member of any of the following types of groups in your community?	01=Yes 02=No	
	Please indicate which of the following group(s) you have been associated with?		
11.14 a	Credit and savings group		
11.14 b	Training group (income generation activity, health)		
11.14 c	Women's association		
11.14 d	School committee		
11.14 e	Association for the destitute (dustho)		
11.14 f	Youth club		
11.14 g	Labor's association		
11.14 h	Trader's association		
11.14 i	Others(Specify )		
11.15	In the last 12 months, did you receive any emotional help from the above groups?	01=Yes 02=No	
11.16	In the last 12 months, did you receive any economic help from the above groups?	88=Don't know	
11.17	In last 12 months have you joined with any other community members to address a problem or common issue?		
11.18	In last 12 months have you talked with a local authority or governmental organization about problems of this community?		

		S	Study ID	
Did an	yone other than the respondent	present at the time of interview	? 1=Yes, 2=	No
If 'Yes	s' mention			
	Husband			
	Father-in-law			
	Mother-in-law			
	Elder son			
	Daughter			
	Other household members			
Notes:				
Name of Code	the interviewer			
Name of	the Quality controler		<del></del>	Code

Study ID		

# Monitoring growth and nutritional status of children in rural Bangladesh Three Month Household Questionnaire

1. Identification													
Read: To begin with, I would like to collect some basic identification information from you.													
	Date of Interview:				Ī				Ī				
	Mobile no:	Own											
		Reques	t										
		Name:											
1.1	Child's mother name:			Mo	other	Stuc	dy l	ID:					
1.2	(MOTHER NAME), in what month and year were you born (month and year)	month 88= Do	n't	Knov	N			N	Mon	ıth			
		year 8888= I	Don	't Kı	now				Ye	ar			
1.3a	How old were you at your last birthday? (compare with question 1.2 above for consistency)	Age in	con	nplete	ed ve	ars -							
1.3b	Do you have a government ID card where your birth date is written down?												
	IF YES: May I see it? Verify age and return to respondent.												
	01 = Yes 02 = No 03 = No card 88 = Don't Know												
1.4	Child's father name :												
1.5	Name of Head of Household:			-									
1.6	Area:	01= Ka 02= Ka										],[	
1.7	Union ,Ward:												
1.8	Village/Block/Mohalla:										Γ		

		Study ID	
1.9	Is (INFANT NAME) alive today?	01 = Yes 02 = No >> Skip to "Verbal Autopsy Supplement" (Do NOT need to complete rest of this questionnaire) 03 = Declined to answer 88 = Don't know	
		oo bon t know	
1.10	In the next 6 months are you planning to live at another place, different from the place you are living now?	01 = Yes 02 = No >> <i>Skip to 1.12</i> 88 = Don't know	
1.11	How can we best reach you in 6 months?  Instructions: Write down new address, or probe for phone number that will not change in 6 months.		
1.12	Are you currently attending school?	01 = Yes 02 = No	
1.13	What is the last class (grade) of school that you have completed?	Instructions: Insert exact number of years completed.  01 = 1 year 08 = 8 years 02 = 2 years 09 = 9 years 03 = 3 years 10 = 10 years 04 = 4 years 11 = 11 years 05 = 5 years 12 = 12 years 06 = 6 years 07 = 7 years 13 = Got admitted into the college but did not attend classes 14 = Got admitted into the college, attended classes, but did not appear at the exam 15 = College and post college degree 16 = Some college (undergraduate) 20 = Got admitted into the school, but never attended any class 21 = Got admitted into the school, attended classes, but did not appear at the exam 33 = Can not sign 44 = Can sign only 55 = Religious education only 66 = Never went to school 88 = Don't Know 99 = Not applicable	
1.14	Are you currently working for income?	01 = Yes 02 = No 99 = Not Applicable	

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		Study ID	
1.15	What type of work are you doing?	Instructions: Code for different types of occupations below.	

## Code for 1.15 -Types of Occupations (Circle the occupation)

01=Professional/technical (Doctor, engineer, lawyer, teacher, economist, agriculturist), 02=Large business (≥10,000/ Taka invested), 03=Small business (<10,000/ Taka invested), street vendors, 04=Blue collar services:(Factory worker, industry worker, garment worker), 05=White collar services: (Officer, manager, administrator, clerk), 06=Skilled worker (Driver, potter, black smith, gold smith, carpenter, mason, plumber, mechanic, tailor, handicraft), 07=Un-skilled worker (Boatman, fisherman), 08=Day laborer (Rickshaw/cart puller, construction worker, daily wage labor), 09=Farmer/share cropper, 10=Domestic maid/house maid, 11=House wife, 12=Overseas employment, 13=Beggar, 14=Unemployed, 15=Student, 16=Old aged/inactive, 17=Household work, 99=Not applicable, 77=Other (specify)_____

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2. Changes in Demographics and Socio-economic Status

Read: Several months ago, we asked about the people usually living in your household. Now I would like to ask you about whether there have been any changes in the number of people living in your household, including any deaths and guests who stayed here last night.

2.1	Does (FAMILY MEMBER NAME) still usually live	Line	Family Member Name		
	in your household? Please include any guests who	No.			
	stayed here last night. Also be sure to tell me if you are the person, or if the person has died.	01			
	are the person, or if the person has area.	02			
	01 = Yes 02 = No	03			
	03 = No, person has died	04			
	04 = Yes, that person is the woman herself. 88 = Don't Know	05			
	Instructions: BEFORE THE SURVEY, please fill	06			
	out all members of the household listed in the	07			
	baseline questionnaire (Section 2.1). During the survey, read out each member listed in the baseline	08			
	questionnaire and record who is still there or who is no longer part of the household.	09			
		10			
	When the name read out is the woman herself, please enter '04' as the code.	11			
	Read: Please be sure to tell me if the name I read is	12			
	your name.	13			
		14	·		
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2.2 Household Schedule

Read: We would like to now include any additional people in your household who were not previously recorded. First, we would like to start with your newborn infant (or infants if you had multiple births at the same time).

ultiple b	irths at the same time)											
Line no.	Usual resident and visitors	Relationship to head of household	Sex	Resid	ence	Age	Marital Status	Ever attended school	Level of school attended	Current school attendance	Current paid work status	Current type of work
1	2	3	4	5		6	7	8	9	10	11	12
newbo record other i	e names of your rn infant(s) and the sex as well as nformation.	What is the relationship of (NAME) to the head of the household?  See codes below. Include Relationship Code	Is (NAME) male or female?	Does (NAME ) ) usually live here?	Did (NAM E) stay here last night?	How old is (NAME)?  (complete year) If age is less than 1 year write '00'  88=Don't Know	What is (NAME) current marital status?  O1=currently married 02=divorced /separated/ deserted/ widowed 03=never-married 04=Widower 88=Don't Know, 99 = Not Applicable	Has (NAME) ever attended school?  01=Yes 02=No 88=Don't Know, 99=Not Applicable	What is the level of school (NAME) has last attended?  Insert exact number of years completed 33=Can't signature, 44=Can signature only, 65=Religious education only 66=Never went to school 88=Don't know 99=Not Applicable	Is (NAME) currently attending school?  Ol=Yes O2=No 88=Don't Know, 99=Not Applicable	Is (NAME) currently working?  01=Yes 02=No 88=Don't Know, 99=Not Applicable no need	What type o work is (NAME) currently doing?  Use codes given below 99=Not Applicable (in case of a child)
01							9 9	9 9	9 9	9 9	9 9	9 9
02							9 9	9 9	9 9	9 9	9 9	9 9
03							9 9	9 9	9 9	9 9	9 9	9 9

	_	 _	
Study ID			

Line no.	Usual resident and visitors	Relationship to head of household	Sex	Resid	ence	Age	Marital Status	Ever attended school	Level of school attended	Current school attendance	Current paid work status	Current type of work
1	2	3	4	5		6	7	8	9	10	11	12
now in people who we records the nan addition usually househ guests night.  Instruct with me first, an previous	We would like to clude any additional in your household ere not previously cheese of the control	What is the relationship of (NAME) to the head of the household?  See codes below. Include Relationship Code	Is (NAME ) male or female?	Does (NAME ) usually live here?	Did (NAM E) stay here last night?	How old is (NAME)?  (complete year) If age is less than I year write '00'  88=Don't Know	What is (NAME) current marital status? ————————————————————————————————————	Has (NAME) ever attended school?  Ol=Yes 02=No 88=Don't Know,	What is the level of school (NAME) has last attended?  Insert exact number of years as a signature, 44—Can signature only, 55=Religious education only 66—Never went to school 88=Don't know 99=Not Applicable	Is (NAME) currently currently attending school?  Ol=Yes O2=No 88=Don't Know, 99=Not Applicable	Is (NAME) currently working?  Ol=Yes 02=No 88=Don't Know, 99=Not Applicable no need	What type o work is (NAME) currently doing?  Use codes given below 99 = Not Applicable (in case of a child)
01												
02												
03												

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			Study I	D _			
04							
05							
06							
07							
08							
09							
10							

		Study ID				
01=Pros invested 06=Skil labor (F	of occupation for question no. 12 fessional/technical (Doctor, engineer, lawyer, teacher, econo f), street vendors, 04=Blue collar services: (Factory worker, led worker (Driver, potter, black smith, gold smith, carpente tickshaw/cart puller, construction worker, daily wage labor), gar, 14=Unemployed, 15= Student, 16=Aged, 17=Household	industry worker, garment v r, mason, plumber, mechan 09=Farmer/share cropper,	worker), 05=White collar ic, tailor, handicraft), 07= 10=Domestic maid/house	services: (Officer, manager, adm Un-skilled worker (Boatman, fish maid, 11=House wife, 12=Overse	inistrator nerman),	r, clerk 08=Da
2.3	Read: Now, I would like to make sure that we have include people in your household.  Have we included your newborn infant(s)?	d everyone in our list of	01 = Yes 02 = No 88 = Don't Know			
2.4	Have we now included all other people in your household instructions: If "No", complete detailed Household Schedu	· ·	01 = Yes 02 = No 88= Don't Know			
2.5	(MOTHER NAME), what is your current marital status?	01=Married, 1 ^{nt} wife 02 = Married, 2 nd wife 03 = Married, 3 nd wife 04 = Married, 4 nd wife 05 = Single, never marrie 06 = Single, separated 07= Single, widowed 08= Single, divorced 09 = Deserted 88 = Declined to answer 99=Not Applicable 77 = Other, Please Specif				

		Study ID	
3. Food	d Securities and Maternal Diet and Nutrition		
<b>Read:</b> N Q-01.	Jow I would like to ask you some questions about your family's habit During the last 30 d, at what interval has your household purchased rice?	1. Did not buy 2. 1–3 times the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	
Q-02.	During the last 30 d, at what interval has your household purchased "kanchabajar"? (Note: "kanchabajar" refers to shopping of perishable food items such as vegetables, fish and meat.)	1. Did not buy 2. 1–3 times the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	
Q-03.	During the last 30 d, how many times a day did cooking usually take place in your household?	Never     Once a day     Twice a day     Three times a day     Four times or more	
Q-04.	During the last 30 d, has your household helped others with cash or food items (like rice) for enabling them to make a meal? (If the girl/woman is poor, tell her that we need to ask this question of everybody, so she does not mind.)	1 = Yes 2 = No	
Q-05.	During the last 30 d, how often has your household had to borrow from others to make a meal? (If the woman is rich, tell her that we need to ask this question of everybody, so she does not mind.)	1. Never >> Skip to Q-07. 2. 1-3 times in the last 30 d 3. Once in 7 d 4. 2-3 times in 7 d 5. At least 4-5 times in 7 d	
Q-06.	Have you paid back or do you think you can pay back?	1 = Yes 2 = No	
Q-07.	During the last 30 d, how many times on average have you had a fulfilling meal in a day?	1. One time 2. Two times 3. Three times 4. Four times	
Q-08.	During the last 30 d, how often has it happened that you could NOT eat as many fulfilling meals as you would like to have done?	1. Never 2. Less than once in 7 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	
Q-09.	For the last 30 d, did you usually have snacks in between meals?	1.No 2. Once or twice 3. Three times or more	
Q-10.	For the last 30 d, how often did you have fish/meat? (If the girl/woman is rich, tell her that we need to ask this question of everybody, so she does not mind.)	1.Not once 2.Less than once in 7 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	
Q-11.	During the last 30 d, how often have you had to eat rice with just chili and salt?	1.Did not have to 2.Less than once in 7 d 3.Once in 7 d 4.2–3 times in 7 d 5.At least 4–5 times in 7 d	

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### Food Groups and Weights

Read: Now I would like to ask you some questions regarding your diet and nutrition. I would like to record any liquids or foods that you had in the past 7 days.

3.1	Food items	Food groups	Weight	Number of days consumed (in last 7 days)
A.	Maize, Rice, porridge, smashed rice/rice gruel,	Cereals and	2	
	bread and other cereals	Tubers		
B.	Cassava, potatoes and sweet potatoes			
C.	Beans, peas, groundnuts and cashew nut	Pulses	3	
D.	Vegetables and leaves	Vegetables	1	
E.	Fruits	Fruit	1	
F.	Beef, goat, poultry, pork, eggs, dried fish and fish	Meat and fish	4	
G.	Milk, yogurt and other dairy	Milk	4	
H.	Sugar and sugar products	Sugar	0.5	
I.	Oils, fats and butter	Oil	0.5	
J.	Condiments	Condiments	0	

Dietary Diversity: Individual Dietary Diversity Questionnaire (IDDS)

Read: Now I would like to ask you some questions regarding your diet and nutrition. I would like to record any liquids or foods that you had in the past 24 hours.

Instructions: Please code '1' if the mother has consumed the food mentioned in the list in past 24 hours, otherwise code '2 Please circle the food name that has been consumed.

3.2	Food list	Example	1=Yes, 2=No
Α.	CEREALS	Rice, smashed rice/rice gruel, bread, noodles, biscuits or any	
		other foods made from wheat or rice	
B.	VITAMIN A RICH	pumpkin, carrots, sweet potatoes and other locally available	
	VEGETABLES AND	vitamin-A rich vegetables	
	TUBERS		
C.	WHITE TUBERS AND	White potatoes or foods made from roots	
	ROOTS		
D.	DARK GREEN LEAFY	dark green/leafy vegetables locally available vitamin-A rich leaves	
	VEGETABLES	(e.g.amaranth leaves)	
E.	OTHER VEGETABLES	other vegetables (e.g. tomato, eggplant)	
F.	VITAMIN A RICH FRUITS	fruits rich in vitamin A (e.g. ripe mangoes, papaya, jackfruit)	
G.	OTHER FRUITS	other fruits including guava, pineapple, watermelon, melon,	
		orange, apple, grape, banana	
Н.	ORGAN MEAT	liver, kidney, heart or other organ meats	
	(IRONRICH)		

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			Study ID	
I.	FLESH MEATS	beef, lamb, goat, chicken, duck, o	or other birds	
J.	EGGS	egg		
K.	FISH	fresh or dried fish or shellfish		
L.	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts, seeds	or foods made from thes	e
M.	MILK AND MILK PRODUCTS	Milk (cow's, goat's), cheese, yogu	urt or other milk products	5
N.	OILS AND FATS	Oil, fats or butter added to food o	r used for cooking	
O.	JUNK FOOD	Cookies (cake, biscuit, cheaps), s	sweets, samocha	
3.3	Are you currently taking	any iron tablets or iron syrup?	01 = Yes 02 = No 88 = Don't know	

3.3	Are you currently taking any iron tablets or iron syrup?	01 = Yes 02 = No 88 = Don't know	
3.4	Did you take any iron tablets or iron syrup during your pregnancy?	01 = Yes 02 = No>>skip to Q-4.1 88 = Don't know>>skip to Q-4.1	
3.5	During this pregnancy, how many months/days did you take iron tablets or syrup?	Months	
		Days	
		00= None received 99 = Not Applicable	
3.6	During this pregnancy, how many days per week did you take iron tablets or syrup?	Times 99 = Not Applicable	
3.7	During this pregnancy, how many times per day did you take iron tablets or syrup?	99 = Not Applicable	
3.8	From where did you receive iron tablets?	01=Government Hospital 02=Upazila Health Complex 03=Maternal and Child Welfare Center 04=NGO Static Clinic 05= FWC 06=Private Hospital/Clinic 07=Other Private Medical Center 08= Pharmacy	

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		Study ID	
		09 = Village Doctor 10 = Community Clinic 11 = Health Worker 77 = Others(Specify)	
3.9	Did you take all iron tablets that you received?	01= Yes 2= No>>skip to Q-3.11 88 = Don't know>>skip to Q-3.11 99 = Not applicable (if Q-3.8 'no/don't')	
3.10	Why did you take all iron tablets?	01 = Felt necessary 02= Encouraged by family members 03= Doctor adviced 77= Others(Specify) 88 = Don't Know 99 = Not applicable (if Q-3.8 'no/don't')	
3.11	Why did you not take all iron tablets?	01 = Disliked taste 02 = Forgot 03 = Disliked side effects 04 = Felt unnecessary 05 = Gave away iron tablets 06 = Objection from family 07 = Lost of tablet 08 = Insufficient iron tablet supply 09 = Unable purchased 10 = Vertigo 77 = Others(Specify)	

Study ID		

4. Delivery
Read: Now I would like to ask you some questions regarding your recent experience in giving birth to your infant.

4.1	What is the name of your <u>newborn</u> baby?		
4.2	Is (INFANT NAME) a boy or a girl?	01 = Boy 02 = Girl	
4.3	What date did you give birth to (INFANT NAME)?	Day Month Year	
4.4	How old is (INFANT NAME) today?	Months  Days	
4.5	Now we would like to just confirm the birth date of (INFANT NAME).  Do you have a growth monitoring card where (INFANT NAME)'s vaccinations or identify where this information is written down?  IF YES, ask: May I see it please?	01 = Yes, seen the card 02 = Yes, not seen the card 03 = No card 04=Vaccine is not given yet	
4.6	On the growth monitoring card, what was the age when (INFANT NAME) was first weighed?  Instructions: If the child has no growth monitoring card but mother can tell the weight of the child please confirm that Q-4.5 is marked as "03."	Months  01= No age of first weight measurement recorded.  02 = child has no growth monitoring card>>skip to Q-4.8  88 = Don't know  99 = Not applicable	
4.7	On the growth monitoring card, what is the total number of times that (INFANT NAME) was weighed?	Number of times 01= No weight recorded. 88 = Don't know 99 = Not applicable	
4.8	Were there any complications during pregnancy?	01 = Yes 02 = No >> Skip to 4.10 88 = Don't know>> Skip to 4.10	

		Study ID	
4.9	What complications occurred during pregnancy?	Early pregnancy bleeding	
	01= Yes	Incompetent cervix	
	02= No 88 = Don't Know 99 = Not applicable (if no response)	Diabetes	
		Placenta abruption	
		High blood pressure	
		Rh Disease	
		Group B strep	
		High Fever (fever with chills or rigors)	
		Convulsion  Swelling of the limbs	
		Other. Specify:	
4.10	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	01= Yes 02= No >> Skip to 4.12 88= Don't Know >> Skip to 4.12	
4.11	How many times did you get this tetanus toxoid injection?	88= Don't Know 99= Not applicable	
4.12	Were you aware of any complications that occurred during delivery?	01= Yes 02= No	
4.13	Around the time of the birth of (INFANT NAME), did you have any problems?	01= Yes, 02= No>> Skip to 4.15	

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		Study ID	
4.13	Around the time of the birth of (INFANT NAME), did you have any problems?	01= Yes, 02= No>> Skip to 4.15 88= Don't Know >> Skip to 4.15	
4.14	What were the problems?  01= Yes 02= No 88 = Don't Know	Long labor that is regular contractions, which lasted more than 12 hours?  Excessive bleeding that was so much that you feared it was life threatening?  A high fever with bad smelling vaginal discharge?  Convulsions?  Baby's hands or feet came first during delivery?  Rupture membrane  When water broke, hours	
		Days  Other. Specify:	
4.15	Where did you give birth to (INFANT NAME)?  INSTRUCTIONS: Probe to identify the type of source and circle the appropriate code.	11=Your Home 12=Maternal Family Home 21=Government Hospital 22=Upazila Health Complex 23=Maternal and Child Welfare Center 31=NGO Static Clinic 41=Private Hospital/Clinic 42=Other Private Medical Center 77=Others (Specify)	
4.16	Was (INFANT NAME) born by cesarean section?	01 = Yes 02 = No 88 = Don't Know	
4.17	After (INFANT NAME) was born, did any medical persons check on your baby's health?	01 = Yes 02 = No >> <i>Skip to 5.1</i> 88 = Don't Know >> <i>Skip to 5.1</i>	
4.18	How long after delivery did the first check take place?	Hours Days	

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		Study ID		
4.18	How long after delivery did the first check	Hours Days Weeks 88=Don't Know 99=Not applicable ( <i>If</i> , <i>Q</i> - 4.16'No/Don't know')		
4.19	Who checked on your baby's health? (01 month from birth)	01 = Health Personnel / Qualified Doctor 02=Nurse/Midwife/Paramedic 03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer  06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBA 12 = Untrained TBA		

Study ID		
Study ID		

5. Breastfeeding Practices and Experiences
Read: Now I would like to ask you some questions about how you have been feeding your <u>NEWBORN</u> from birth until

5.1	How much time after birth did you first put (INFANT NAME) to your breast to feed him/her?	01 = Immediately (within 5 minutes) 02 = Within 6- 15 minutes 03 = Within 16- 30 minutes 04 = 31-59 minutes 05 = 1- 2 hours 06 = 3-5 hours 07 = 6-9 hours 08 = 10-12 hours 09 = 13-24 hours 10 = 25-36 hours	11 = 37-48 hours 12 = after 2 days 13 = after 3 days 14 = 4 days or more 77 = Other. Specify	
5.2	How much time after birth was (INFANT NAME) first given colostrum?	01 = Immediately (within 5minutes) 02 = Within 6- 15 minutes 03 = Within 16- 30 minutes 04 = 31-59 minutes 05 = 1- 2 hours 06 = 3-5 hours 07 = 6-9 hours 08 = 10-12 hours 09 = 13-24 hours 10 = 25-36 hours	11 = 37-48 hours 12 = after 2 days 13 = after 3 days 14 = 4 days or more 77 = Other. Specify	
5.3	How much time after birth was (INFANT NAME) first given any other liquids to drink (such as Sugar Water/Honey/Oil) except breast milk?	01 = Immediately (within 5minutes) 02 = Within 6-15 minutes 03 = Within 16-30 minutes 04 = 31-59minutes 05 = 1-2 hours 06 = 3-5 hours 07 = 6-9 hours 08 = 10-12 hours 09 = 13-24 hours 10 = 25-36 hours 10 = 25-36 hours	11 = 37-48 hours 12 = after 2 days 13 = after 3 days 14 = 4 days or more 15=Not given 77 = Other. Specify	
5.4	At what age was (INFANT NAME) first given breast milk to drink?	01=Never given breast milk 02 = Immediately (within 5minutes) 03 = Within 6- 15 minutes 04 = Within 16- 30 minutes 05 = 31-59 minutes 06 = 1- 2 hours 07 = 3-5 hours 08 = 6-9 hours 09 = 10-12 hours 10 = 13-24 hours 11 = 25-36 hours	12 = 37- 48 hours 13 = after 2 days 14 = after 3 days 15 = 4 days or more 16=1 week after birth 17=2 weeks after birth 18=3 weeks after birth 19=Not given 77 = Other. Specify	
5.5	Has (INFANT NAME) ever been given water to drink?		01 = Yes 02 = No>> Skip to 5.7 88 = Don't Know>> Skip to 5.7	
5.6	At what age was (INFANT NAME) first given water to drink?	01 = Never given water  02 = Immediately (within5 minutes) 03 = Within 6-15 minutes 04 = Within 16- 30 minutes 05 = 31-59minutes 06 = 1-2 hours 07 = 3-5 hours 08 = 6-9 hours	12 = 37hours -1 week after birth 13 = 1 weeks after birth 14 = 2 weeks after birth 15 = 1 months after birth 16 = 2 months after birth 17 = 3 months after birth 18=Don't give 77 = Other. Specify	

				Study	ID	
5.6	At what age was (INFANT given water to drink?	10	9 = 10-12 hours ∋ = 13-24 hours 1 = 25-36 hours	88 = Don't Kno 99= Not appl		
5.7	Has (INFANT NAME) eve food to eat?	r been given		01 = Yes 02 = No >> Ski 88 = Don't Kno	p to 5.9 ow>> Skip to 5.9	
5.8	5.8 At what age was (INFANT NAME) first given food to eat?		1 = Never given food 2 = Immediately (within minutes) 3 = Withinfo-15 minutes 4 = Within 16 : 30 minutes 5 = 31-59minutes 5 = 1-2 hours 7 = 3-5 hours 8 = 6-9 hours 9 = 10-12 hours 1 = 25-36 hours 1 = 25-36 hours	12 = 37hours-1 week after birth 13 = 1 weeks after birth 14 = 2 weeks after birth 15 = 1 months after birth 16 = 2 months after birth 17 = 3 months after birth 18 = Don't give 77 = Other. Specify 88 = Don't Know 99 = Not applicable		
	5.9	5.10	5.11	5.12	5.13	5.14
substant color, p few day	rum is the first milk-like nce, thick, yellow/cream in rorduced during the first ys after birth (0-3 days). (INFANT NAME) was 0-3 d, what was he/she given to	When (INFANT NAME) was 4 days old, what was he/sh given to drink?	When (INFANT NAME) was 2	When (INFANT NAME) was 1 month old, what was he/she given to drink?	When (INFANT NAME) was 2 months old, what was he/she given to drink?	When (INFANT NAME) was 3 months old, what was he/she given to drink?
01 = I 02 = 0 03 = I	actions: Please mark all that of Breast milk Colostrum Plain Water Animal Milk (Cow, Goat)	05 = 06 = 07 =	Sugar Water/Honey/Juice Commercial Infant Formu Yoghurt Luta ("sugi", dilute semoli	la 99 77	= Don't Know = Not applicable = Other Liquid. Specify	<i>y</i>
Oth	er					
	: Now I would like to as		liquids (INFANT NA	1ME) had in the <u>las</u>	<u>t 24 hours</u> .	
5.15	Did (INFANT NAME	) drink:				
A	Breast milk?			01 = Yes		

		Study ID	
		02 = No 88 = Don't Know	
В	Plain water?	01 = Yes 02 = No 88 = Don't Know	
С	Sugar Water/Honey/Juice	01 = Yes 02 = No 88 = Don't Know	
D	Commercially produced infant formula/baby formula?	01 = Yes 02 = No 88 = Don't Know	
Е	Cow's milk?	01 = Yes 02 = No 88 = Don't Know	
F	Goat's milk?	01 = Yes 02 = No 88 = Don't Know	
G	Yoghurt?	01 = Yes 02 = No 88 = Don't Know	
Н	Luta ("sugi", dilute semolina)	01 = Yes 02 = No 88 = Don't Know	
I	Other liquid (aside from breast milk or the liquids just previously named)?	01 = Yes 02 = No 88 = Don't Know If Yes, please specify:	

Read: Now I would like to ask you about any foods (INFANT NAME) had in the <u>last 24 hours</u>.

Instructions: Please code '1' if the infant has consumed the food mentioned in the list in past 24 hours, otherwise code '2 Please circle the food name that has been consumed.

5.16	Food list	Example	1=Yes, 2=No
Α.	CEREALS	Rice,bread, noodles, biscuits, cookies or any other foods made	
		from rice, wheat , luta	
В.	VITAMIN A RICH	pumpkin, carrots or sweet potatoes that are orange inside +	
	VEGETABLES AND	other locally available vitamin-A rich vegetables	
	TUBERS		
C.	WHITE TUBERS AND	White potatoes or foods made from roots.	

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				Study ID		
	ROOTS					
D.	DARK GREEN LEAFY	dark green/le	eafy vegetables lo	cally available vitamin-A	rich	
	VEGETABLES	· ·	as amaranth leave	•		
E.	OTHER VEGETABLES	other vegeta	ıbles e.g. tomato, e	egaplant		+
F.	VITAMIN A RICH FRUITS	ripe mangoes, papaya, jackfruit or other locally available vitamin  A-rich fruits				
	VII/MINIV/VIIIGITTTIGITG					
G.	OTHER FRUITS	other fruits including guava, pineapple, watermelon, melon,				
		orange, app	le, grape, banana			
H.	ORGAN MEAT	liver, kidney, heart or other organ meats				
	(IRONRICH)					
I.	FLESH MEATS	beef, lamb, goat, chicken, duck, or other birds				
J.	EGGS	egg	-			
K.	FISH		d fish or shellfish			
L.	LEGUMES, NUTS AND	beans, peas, lentils, nuts, seeds or foods made from these				
3.6	SEEDS MILK AND MILK	M30. /			-1-	
M.	PRODUCTS	WIIK (COW S,	goats), cheese, yo	ogurt or other milk produ	cis	
N		all fata au bu				
N.	OILS AND FATS			or used for cooking		
O.	JUNK FOOD	cookies, swe	eets			
5.17	How many times did (INFANT) foods in the last 24 hours?	NAME) eat solid	l, semisolid or soft	00 = 0 times 01 = 1 times		
				02 = 2 times 03 = 3 times 04 = 4 times 05 = 5 times 06 = 6 times 07 = 7 times 08 = 8 times or more 88 = Don't Know		
Now, I w	ould like to ask you a few qu  Have you ever fed (INFANT Nobottle?		t bottle feeding (1 01=Yes 02=No » Skip to s	03 = 3 times 04 = 4 times 05 = 5 times 06 = 6 times 07 = 7 times 08 = 8 times or more 88 = Don't Know		

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		Study ID	
5.20	How often do you bottle feed (INFANT NAME) in a week?	01=7 or more times/week 02= 4.6 times/week 03=0.3 times/week 77=0ther. Specify 88 = Don't Know 99=Not Applicable	
5.21	How many days in the last month did you bottle feed (INFANT NAME)?	days in a month  99=Not Applicable (If,Q-5.8 is "no")	

			Study ID				
READ:	entions for Introduc Now I would like to ask you son inion considering both your plan	ne questions about your plans to	o feed your newborn baby. Please choose the answe ill carry out those plans.	er that n	nost cle	early m	ato
6.0	6.0 Instructions: In this section, ONLY ask either questions A or B. Based on respondent's answers to 5.9-5.16 decide whether the infant is:  A) Currently still exclusively breastfed (if Q-5.9-5.14 answer is "01=breast milk" and except 5.15A, all answers including 5.16 are "NO")  B) Not exclusively breastfed (if 5.9-5.14 is "02-08,88,77 or 5.15B-1 and 15.16 any one response is YES)  Please code A or B first.						
	A – Currently Still	B - Not Exclusively					٦
	Exclusively Breastfed	Breastfed Infants					
6.1	Infants How long do you plan to give (INFANT NAME) nothing other than breast milk, not even water?	How long did you plan to give (INFANT NAME) nothing other than breast milk, not even water?	00 if <01 month 01 month 02 months 03 months 09 months 04 months 10 months 05 months 11 months 06 months 12 months >12 months (please specify) 88=Don't know				
6.2	When did you decide how long you are going to give (INFANT NAME) nothing other than breast milk, not even water?	Skip to 6.3	01= Before you became pregnant 02= During pregnancy 03= After the baby's birth 04=During the first three months after birth 05=Did not make any decision 88=Don't know 99= Not Applicable (If Q-6.2 B is not answered)				
6.3	Skip to 6.5	How long do you plan to give (INFANT NAME) breast milk?	03 month 09 months 15 months 10 months 10 months 10 months 10 months 17 months 17 months 18 months 18 months 19 months 19 months 20 months 19 months 20 months 19 months 20 months 19 months 20 months 21 months 20 months 20 months 21 months 22 months 22 months 23 months 24 months 25 months 26 months 26 months 27 months 27 months 27 months 28 months 29 months 20 mont				
6.4	Skip to 6.5	When did you decide how long you are going to give (INFANT NAME) breast milk?	01= Before you became pregnant 02= During pregnancy 03= After the baby's birth 04=During the first three months after birth 05=Did not make any decision 88=Don't know 99= Not Applicable (If Q-6.4 A is not answered)				
6.5	At what age, do you plan to first introduce other liquids (aside from breast milk) to	At what age, did you first introduce other liquids (aside from breast milk) to	00 if < 01 month 01 month 07 months 02 months 08 months				

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			Study ID	
	(INFANT NAME)'s diet?	(INFANT NAME)'s diet?	03 months 09 months 04 months 10 months 05 months 11 months	
	INSTRUCTIONS: Record the If '1 month', record '01'. If '> months. For example, if 1 year	12 months', still record in	Of months 11 months 06 months 12 months >12 months (please specify)	
	If <01 month, record number	of days AND 00 month.	88=Don't know	
6.6	At what age, do you plan to first introduce other foods (aside from breast milk) to (INFANT NAME)'s diet?	At what age, did you first introduce other foods (aside from breast milk) is (INFANT NAME)'s diet?	00 if < 01 month 01 month 07 months 02 months 08 months 03 months 09 months 04 months 10 months 05 months 11 months 06 months 12 months >12 months (please specify) 88=Don't know	
6.7 A	In the first few days (1-3 days) after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?	In the first few days after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?	Times/Day 88=Don't know	
6.7 B	In the first week after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?	In the first week after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?	Times/Day 88=Don't know	
6.7 C	In the first month after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?	In the first month after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?	Times/Day 88=Don't know	
6.7 D	In the first three months after you begin to give (INFANT NAME) other foods besides breast milk, how many times a day do you plan to give him/her foods?	In the first three months after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?		
6.8	Skip to 6.9	In the next 6 months from today, how many times a day do you plan to give (INFANT NAME) foods?	88=Don't know  99 = Not Applicable (If,Q-6.8 "A" is not answered)	
6.9	When you first begin to give (INFANT NAME) other foods, what types of foods do you plan to give in the first week he/she eats foods?	When you first began giving (INFANT NAME) other foods, what types of foods did you first give to (him/her) in the first week he/she eats foods?	Cereals (bread, noodles, biscuits, cookies, or any other foods made from rice, wheat)  Vitamin A Rich Vegetables and Tubers (pumpkin, carrots, or sweet potatoes that are orange inside + other locally available vitamin	
		01 - 108		

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		i i	
		Study ID	
6.9 When you first begin to give	02 = No	A-rich vegetables)	
(INFANT NAME) other foods, what types of foods do you plan to give in the		White Tubers and Roots (White potatoes or foods made from roots)	
first week he/she eats foods?		Dark Leafy Green Vegetables (dark green/leafy vegetables locally available vitamin-A rich leaves such as amaranth leaves etc)	
		Vitamin A Rich Fruits (ripe mangoes, papaya, jackfruit or other locally available vitamin A- rich fruits)	
		Other Vegetables (e.g. tomatoes, eggplant)	
		Other Fruits (e.g. guava, pineapple, watermelon, melon, orange, apple, grape, banana)	
		Organ Meat (iron rich)	
		Flesh Meats (beef, lamb, goat, chicken, duck, or other birds)	
		Eggs	
		Fish (fresh/dried fish or shellfish	
		Legumes, Nuts, and Seeds (beans, peas, lentils, nuts, seeds, or foods made from these)	
		Milk (cow's, goat's), cheese, yogurt, or other milk products	
		Oil, fats, or butter added to food or used for cooking	
		Other(s). Specify	
6.10 Skip to 6.11	What additional types of		
0.10 Skip to 0.11	foods do you plan to introduce to (INFANT NAME)'s diet after he/she has been eating for 6	Cereals (bread, noodles, biscuits, cookies, or any other foods made from rice, wheat)	
	months?	Vitamin A Rich Vegetables and Tubers (pumpkin, carrots, or sweet potatoes that are orange inside + other locally available vitamin A-rich vegetables)	
	02 = No 99=Not Applicable (If,Q-	White Tubers and Roots (White potatoes or foods made from roots)	
	6.10 "A" is not answered)	Dark Leafy Green Vegetables (dark green/leafy vegetables locally available vitamin-A rich leaves such as amaranth leaves etc)	

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		-	
		Study ID	
		Vitamin A Rich Fruits (ripe mangoes, papaya, jackfruit or other locally available vitamin A- rich fruits)	
		Other Vegetables (e.g. tomatoes, eggplant)	
		Other Fruits (e.g. guava, pineapple, watermelon, melon, orange, apple, grape, banana)	
	_	Organ Meat (iron rich)	
	_	Flesh Meats (beef, lamb, goat, chicken, duck, or other birds)	
	_	Eggs	
	_	Fish (fresh/dried fish or shellfish	
		Legumes, Nuts, and Seeds (beans, peas, lentils, nuts, seeds, or foods made from these)	
		Milk (cow's, goat's), cheese, yogurt, or other milk products	
		Oil, fats, or butter added to food or used for cooking	
		Do you plan Other(s). Specify	
6.11	Have you heard of sprinkles or multiple-micronutrient powders (MNP)?	01 = Yes 02 = No>>skip to 7.1	
		88 = Don't know >>skip to 7.1	
6.12	Do you plan to give sprinkles to (INFANT NAME)?	01 = Yes>>skip to 6.14	
		02 = No	
		03 = Already give sprinkles>>skip to 6.14	
		88 = Don't know>>skip to 7.1 99 = Not Applicable	
6.13	Why not?	Difficult to find in stores	
	I=Yes,99 =Not Applicable(If no response)	Too expensive	
	Instructions: Please mark all responses.	No need to	
		Doctor never recommended	
		My family does not think necessary	
		I don't think it is necessary	

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		Study ID			
		My friends do not think it is necessary  Others. Please specify:	_	<u> </u>	
		88 = Don't Know 99 = Not Applicable (If Q-6.12 = Yes)			
6.14	Why?	Good for baby  Easy to feed sprinkles  Reasonable price  Recommended  Others also use sprinkles  Others. Please specify:			
		88 = Don't Know 99 = Not Applicable (If Q-6.11 = No)			

		Study ID		
		S tions regarding feeding your baby foods. After each of the following s	tatements, I will rea	d ou
Instruc	tions: Read ALL the options.			
7.1	At what age is it recommended that a baby begin to drink other liquids, aside from breast milk?(to be given)	00= Less than 01 month after baby's birth 01 month 07 months 02 months 08 months 03 months 09 months 04 months 10 months 05 months 11 months 06 months 12 months		
		>12 months (please specify)		
		88=Don't know		
		99= Not Applicable (if no response)		
7.2	How long after birth <u>is it recommended</u> <u>that</u> a baby begin to eat foods, aside from breast milk? (to be given)	00= Less than 01 month after baby's birth 01 month 07 months 02 months 08 months 03 months 09 months 04 months 10 months 05 months 11 months 06 months 12 months		
		>12 months (please specify)		
		88=Don't know		
		99= Not Applicable (if no response)		
7.3	How does a mother know when to introduce solid foods to (INFANT	When infant is older than 6 months of age		
	NAME)'s diet?	Infant can sit by him/herself		
	INSTRUCTIONS: Please record all that apply	Infant can hold up his/her head		
	01 = Yes	Infant has lost tongue thrust		
	02 = No 99 = Not Applicable (If no response)	Infant has begun teething		
	77 Not Applicable (II no response)	Infant can make chewing motions		
		Infant has gained significant weight gain since birth		l
		Infant can close mouth around spoon		
		Infant can control/move tongue around		
		Infant shows interest in food		
		Infant cries		
		Infant is restless		
		Mother's breast milk is not enough		
		88=Don't know		
		77=Other (Specify)		

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	Study ID			
7.4 At that time, what are the first foods that	Cereals (rice, wheat, jawar, hotchpotch)		$\top$	
are recommended for a baby to eat?  INSTRUCTIONS: Please record all that	Legumes (lentils, pulses, beans etc)			
apply. First only ask the question and record responses. Then read out other remaining	Foods from animals (egg, meat, fish)		+	
answers and record responses.)	Milk and milk products			
	Oil or fat			
	Sugar			
01 = Yes 02 = No	Vegetables			
99 = Not Applicable (If no response)	Fruits			
	Nutritional supplements (sprinkles)			
	"Luta" (semolina, or "sugi" in a watery suspension)			
	Other (Specify)			
	Cereals (rice, wheat, jawar, hotchpotch)			
7.5 When feeding a meal to a child who is 7-12 months old, what types of foods would you include in a single meal?		ı L		
INSTRUCTIONS: Please record all that	Legumes (lentils, pulses, beans etc)  Foods from animals (egg, meat, fish)	ı		
apply. First only ask the question and record responses. Then read out other remaining	roods from animals (egg, meat, fish)  Milk and milk products	ı L		_
answers and record responses.)	Oil or fat	.		41
	On or rat	L		
01 = Yes 02 = No		L		
99 = Not Applicable ( <i>If no response</i> )	Vegetables Fruits			
	Nutritional supplements (sprinkles)			Ш
	"Luta" (semolina, or "sugi" in a watery suspension)		_	
	Other (Specify)			Ш
	Olina (specify)			
reading aloud any options.	ns about feeding your baby foods, in addition to breast milk. For these st	atemeni	ts, I will	not be
7.6 When an infant begins to eat foods in addition to breast milk, what are the recommended ways that his/her food be	Same food as for family			
prepared?	Different food than family			
INSTRUCTIONS: Please record all that apply	Watered down food			

		Study ID	
7.6	01 = Yes 99 = Not Applicable (If no response by mother)	Pureed Mashed Semi-solid Other (Specify)	
7.7	In general, is it <u>recommended</u> that infants under 6 months of age be given water if the weather is very hot?	01= Yes 02= No 88=Don't know	
7.8	Imagine there is a mother who is having trouble beginning to introduce foods to her infant. What are the recommended ways a mother can try to feed her infant foods, aside from breast milk?  INSTRUCTIONS: Please record all that apply 01= Yes 99=Not applicable (if not responded)	Active encouragement Giving infant his/her own plate Force feeding Introducing new foods one at a time Talk to child while feeding Maintaining eye-to-eye contact Minimize distractions during meals Include a variety of foods slowly Include nutritional supplements Play (as encouragement) Other. Specify	
7.9	Do you think others will help you to feed your child? 01= Yes 99=Not applicable (if not responded)	Father-in-law  Mother-in-law  Husband  Sister-in-law  No, no one will help	

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		Study ID	
		Others (Specify)	
	Now I would like to ask you a few more question dout options.	as about feeding your baby foods if he/she has diarrhea. After each of the	e following questions,
7.10	What is <u>recommended</u> for a mother to do when her child has diarrhea?		
	INSTRUCTIONS: Please read ALL options,	Give syrups	
	and record all responses.	Give traditional medicine	
	01 = Yes	Treated by doctor	
	02= No 99 = Not Applicable (If no response)	Give Zinc ORS	
		Other [Specify]	
7.11	What is recommended for a mother to do when her child had diarrhea/another illness?	Continue breastfeeding>> If No, Skip next two choices (BF less or more than usual)	
	INSTRUCTIONS: Please read ALL options,	Breastfeed less than usual	
	and record all responses.	Breastfeed more than usual	
	PROBE: To clarify between different choices (e.g. less or more than usual?)		
		Give less foods than usual	
	01 = Yes 02 = No	Give as much foods as usual	
	99 = Not Applicable (If no response)	Give more food than usual	
		Give less liquids than usual  Give as much liquids as usual	
		Give more liquids than usual	
		•	
		Give treated water	
		Give carrot juice or rice water	
7.12	What <u>should</u> a mother do (in relation to feeding) AFTER her child has recovered from diarrhea or another illness?	Continue breastfeeding>> If No, Skip next two choices (BF less or mor than usua	
	INSTRUCTIONS: Please read ALL options,	Breastfeed less than usua	al
	and record all responses.  PROBE: To clarify between different	Breastfeed more than usua	al
	choices (e.g. less or more than usual?)	Give less foods than usu:	
	01 = Yes	Give as much foods as usua	
	02 = No	Give more food then you	,

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	Study ID	
	Give less liquids than usual  Give as much liquids as usual  Give more liquids than usual  Give nutrient food  Give drugs/vitamins  Give treated water  Give carrot juice or rice water  Other [Specify]	
7.13 Who provides you information on breastfeedin Instructions: Please record all responses.  01 = Yes 99 = Not Applicable (If no response)	Mother Mother in law Husband Elder sister Sister-in-law Health Assistant Family Welfare Assistant MTMSG facilitator Community Counselor Community health and nutrition workers Community health and nutrition mobilizer Neighbor Friend None Other. Specify	

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		Study ID	
7.14	Who provides you information on complementary feeding?		
,,,,,	Instructions: Please record all responses.	Mother	
	Instructions, ricase record directions.	Mother in law	
	01 = Yes	Husband	
	99 = Not Applicable (If no response)	Elder sister	
		Sister-in-law	
		Health Assistant	
		Family Welfare Assistant	
		MTMSG facilitator	
		Community Counselor	
		Community health and nutrition workers	
		Community health and nutrition mobilizer	
		Neighbor	
		Friend	
		None	
		Other. Specify	
		D 24K	· · · · · · · · · · · · · · · · · · ·
		Don't Know	
7.15	Who provides you information on micronutrient powders (SPRINKLES)?	Mother	
	Instructions: Please record all responses.	Mother in law	
		Husband	
	01 = Yes 99 = Not Applicable (If no response)	Elder sister	
	75 Not Applicable (II no response)	Sister-in-law	
		Health Assistant	
		Family Welfare Assistant	
		MTMSG facilitator	
		Community Counselor	
		Community health and nutrition workers	
		Community health and nutrition mobilizer	
		Neighbor	
		Friend	
		None	
		Don't Know	
		Other. Specify	

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		Study ID	
7.16	Where do you gain knowledge about breastfeeding?  Instructions: Please record all responses.	-Counselors	
	01 = Yes 99 = Not Applicable (If no response)	- MTMSG - Group education - EPI/GMP	
		- Satellite clinic - Community clinic	
		None	
		- Other. Specify	
		- Don't Know	
7.17	Where do you gain knowledge about complementary feeding?		
	Instructions: Please record all responses.	- Counselors	
	01 = Yes 99 = Not Applicable (If no response)	- MTMSG	
		- Group education	
		- EPI/GMP	
		05 = Satellite clinic	
		- Community clinic	
		None	
		Radio	
		TV	
		News Paper	
		Books	
		- Other. Specify	
		- Don't Know	
7.18	Where do you gain knowledge about micronutrient powders		

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	Study ID	
7.18 (SPRINKLES)?  Instructions: Please record all responses.  01 = Yes 99 = Not Applicable (If no response)	- Counselors - MTMSG - Group education - EPI/GMP - Satellite clinic - Community clinic None - Other. Specify	

statements	ow I would like to ask you about your intentions regarding fo about feeding your baby, (INFANT NAME). After I read ed gree with, or are neutral about the statement.						
			Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Stroi gly Disag ree 5
8.1	Eating foods in addition to breast milk is healthy for the older than 6 months.	baby when he/she is	1	2	3	4	5
8.2	When (INFANT NAME) is one year old, it is best to feed AND provide breast milk.	l him/her both foods	1	2	3	4	5
8.3	Feeding (INFANT NAME) food will make it easier for n	ne to get rest at night.	1	2	3	4	5
8.4	Feeding (INFANT NAME) food costs more than just fee milk.	eding my baby breast	1	2	3	4	5
8.5	Feeding (INFANT NAME) nutritional supplements (suct that he/she has the nutrition he/she needs.	h as sprinkles) ensures	1	2	3	4	5
8.6	It is easy to find nutritional supplements (such as sprink	les).	1	2	3	4	5
8.7	Nutritional supplements (such as sprinkles) are affordab	ole.	1	2	3	4	5
8.8	I am able to provide enough breast milk for my baby.		1	2	3	4	5
8.9	I am always able to provide enough breast milk for my b	aby.	1	2	3	4	5
8.10	I have someone who is supportive of my breastfeeding.		1	2	3	4	5
	Instructions: If "Disagree" marked >> Skip to 8.12						
8.11	Who supports your breastfeeding?	Husband					
	Instructions: Please mark ALL responses.	Mother		İ			
	01 = Yes 99 = Not Applicable (If no response)	Mother-in-law					
		Sister					
		Sister-in-law					
		Friend					
		No one supports					
		Other. Specify:					
8.12	How would you rate your overall breastfeeding experience with (INFANT NAME) on a scale from 1 to 5.1 being 'very bad, will never again breast feed', and 5 being 'very good, will continue to breastfeed future children.'		ad So-So 2 3	Good 4	Very G 5	ood	
READ: No 8.13	ow I would like to ask you about who makes decisions about Who makes decisions about up to what age (INFANT	breastfeeding (INFANT I 01 = Mother (interviewed					
	NAME) will be (or was) exclusively breastfed?  Instructions: (code '99' if the baby is fed with other food at present)	01 = Mother (Interviewed) 02 = Father 03 = Mother's mother 04 = Mother-in-law 05 = Sister 06 = Sister-in-law	·				

Study ID

		Study ID	
		99=Not applicable 77 = Other. Specify	
8.14	Who makes decisions about up to what age (INFANT NAME) will be (or was) breastfed?	01 = Mother (Interviewee) 02 = Father 03 = Mother's mother 04 = Mother-in-law 05 = Sister 06 = Sister-in-law 99=Not applicable 77 = Other. Specify	

	1			
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Read: For each of the following individuals, indicate what they believe is the best way to feed your child after 6 months of age. The options are as follows:

## The baby should:

- Receive only breast milk after 6 months of age. Receive foods in addition to breast milk after 6 months of age. Receive only foods (and <u>no</u> breast milk) after 6 months of age.

Please let me know if you would like me to repeat the three options at any point.

If father/mother-in-law died or received no advice from doctor please note this by marking "99" as the response If respondent does not know what the person thinks please note this by marking "88" as the response

8.15	My husband thinks I should	1	2	3	99	88
8.16	My mother thinks I should	1	2	3	99	88
8.17	My mother-in-law thinks I should	1	2	3	99	88
8.18	My sister thinks I should	1	2	3	99	88
8.19	My doctor thinks I should	1	2	3	99	88

Read: Now for each of the following individuals, please indicate what they believe is the best way to feed your child at 9 months of age. The options are

## The baby should:

- Receive <u>only</u> breast milk at 9 months of age. Receive <u>food</u>s in addition to breast milk at 9 months of age.
- Receive foods (and no breast milk) at 9 months of age.

Please let me know if you would like me to repeat the three options at any point.

If father/mother-in-law died or received no advice from doctor please note this by marking "99" as the response If respondent does not know what the person thinks please note this by marking "88" as the response

8.20	My husband thinks I should	1	2	3	99	88
8.21	My mother thinks I should	1	2	3	99	88
8.22	My mother-in-law thinks I should	1	2	3	99	88
8.23	My sister thinks I should	1	2	3	99	88
8.24	My doctor thinks I should	1	2	3	99	88

Read: Now for each of the following individuals, please indicate what they believe is the best way to feed your child at 9 months of age. The options are as

## At 9 months of age, the baby should:

- this of age, the baby sholua:

  Receive <u>only</u> breast milk at 9 months of age.

  Receive foods <u>without sprinkle</u>s(multiple micronutrient powder (MNP)) in addition to breast milk

  Receive food <u>with sprinkles</u> in addition to breast milk
- Receive <u>only</u> foods without sprinkles Receive <u>only</u> food with sprinkles

Please let me know if you would like me to repeat the five options at any point.

If father/mother-in-law died or received no advice from doctor please note this by marking "99" as the response If respondent does not know what the person thinks please note this by marking "88" as the response

8.25	My husband thinks I should	1	2	3	4	5	99	88
8.26	My mother thinks I should	1	2	3	4	5	99	88
8.27	My mother-in-law thinks I should	1	2	3	4	5	99	88

			Study II	) [			$oxed{oxed}$
8.28	My sister thinks I should	1 2	3	4	5	99	88
8.29	My doctor thinks I should	1 2	3	4	5	99	88
		1					
	ow I would like to ask for you to please tell me the degree to		with the follo	owing statei	ments.		
8.30	rongly Agree 2 = Agree 3 = Neutral 4 = Disagree  I am able to give my baby foods in addition to breast n		1	2	3	4	5
8.31	I know how to give my baby foods in addition to breas	et milk.	1	2	3	4	5
8.32	I am determined to give my baby foods in addition to b	breast milk.	1	2	3	4	5
8.33	I won't need help to give my baby foods in addition to	breast milk.	1	2	3	4	5
8.34	Giving my baby foods in addition to breast milk is eas	y.	1	2	3	4	5
8.35	I am confident I can give my baby foods in addition to	breast milk.	1	2	3	4	5
8.36	I am confident I can give my baby foods with micronubreast milk	utrient powders in addition to	1	2	3	4	5
	ch do you agree with the following statements?1 Please tell u delivered your new baby  I have someone to help me if I am sick or need to	me whether you you agree, dis	sagree, or are	unsure.			
0.57	rest	01 = Agree 02 = Disagree 03 = Unsure	99=Not a 77 = Oth Specify_	applicable er.			
8.38	I have someone to take me to the clinic or doctor's office	01 = Agree 02 = Disagree 03 = Unsure	99=Not a 77 = Oth Specify_	applicable er.		[	
8.39	I have someone to talk with about my problems	01 = Agree 02 = Disagree 03 = Unsure	99=Not a 77 = Oth Specify_			[	
8.40	I have someone to help me if I am tired and feeling frustrated with my new baby	01 = Agree 02 = Disagree 03 = Unsure	99=Not a 77 = Oth Specify_			[	
	Now I would like to ask you 2 additional questions, which are Il me whether you you agree, disagree, strongly agree, strong		your family o	or communit	ty. Again,	I will first r	ead a state
8.41	In general, I can trust the majority of people in my community.	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not a 77 = Oth Specify_				
8.42	I feel as though I am a part of this community.	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not a 77 = Oth Specify_	applicable er.			

*Adapted from Pregnancy Nati Assessment Monitoring system and
Lippman et al. (2009) Social-Environmental Factors and Protective Sexual Behavior among Sex Workers: The Encontros Intervention in Brazil. Amer J Public Health, 99(11), 1-11.

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Instri	Instructions: Please read aloud the 4 answer choices before the respondent answers.							
READ.	: Over the last 2 weeks, how often have you been bothered by any of the fe	ollowing problems:						
9.1	Feeling down, depressed, or hopeless	01 = Not at all 02 = Several days 03 = More than half of the days 04 = Nearly every day 05 = Other. Specify 88 = Don't Know						
9.2	Little interest or pleasure in doing things	01 = Not at all 02 = Several days 03 = More than half of the days 04 = Nearly every day  05 = Other. Specify 88 = Don't Know						

9. Maternal Depression Screener³
Read: Now I would like to ask you a few questions about you have been feeling since giving birth to (INFANT NAME).
Specifically, I would like for you to now recall how you have been feeling IN THE PAST 2 WEEKS, not just how you feel

Study ID

³ Gjerdingen D, Crow S, McGovern P, Miner M, Center B. Postpartum depression screening at well-child visits: validity of a 2-question screen and the PHQ-9.Ann Fam Med. 2009;7(1):63-70.

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care. 2003;41(11):1284-92.

Study ID  10. Infant Health  READ: Now I would like to ask about (INFANT NAME)'s health in the past two weeks.						
10.1	Did (INFANT NAME) receive a vitamin A dose (like this/any of these) since birth?  Show common types of capsules.	01 = Yes 02 = No 88 = Don't Know				
10.2	Has (INFANT NAME) had diarrhea in the last 2 weeks?	01 = Yes 02 = No >> Skip to 9.13 88 = Don't Know>> Skip to 9.13				
10.3	While (INFANT NAME) had diarrhea, was he/she given breast milk?	01 = Yes 02 = No >> Skip to 9.5 88 = Don't Know>> Skip to 9.5				
10.4	While (INFANT NAME) had diarrhea, how much breast milk was he/she given to drink?  Was he/she given less than usual breast milk to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 88 = Don't Know 99=Not applicable				
10.5	While (INFANT NAME) had diarrhea, was he/she given liquids (aside from breast milk) to drink?	01 = Yes 02 = No >> Skip to 9.7 88 = Don't Know>> Skip to 9.7				

01 = Much Less

02 = Somewhat Less

03 = About the Same 04 = More

05= No drinks given 88 = Don't Know

99=Not applicable

01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to Eat

88 = Don't Know 99 = Not Applicable

10.6

10.7

While (INFANT NAME) had diarrhea, how

much other liquids (aside from breast milk)

Was he/she given less than usual other liquids to drink, about the same amount, or more than

IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?
When (INFANT NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual to eat, or nothing to eat?

Instructions: ONLY ask if the infant is not exclusively breastfed. If the infant is still exclusively breastfed, mark '99'/'Not

IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?

was he/she given to drink?

usual to drink?

Applicable'

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		Study ID	
10.8	When (INFANT NAME) had diarrhea, was he/she given multiple micronutrient powder (SPRINKLES) with food?	01 = Yes 02 = No >> Skip to 9.13 88 = Don't Know >> Skip to 9.13 99 = Not Applicable	
10.9	How many sachets of multiple micronutrient powder (SPRINKLES) was (INFANT NAME) given while he/she had diarrhea?	88 = Don't Know 99 = Not Applicable	
10.10	Did you seek advice or treatment when (INFANT NAME) has diarrhea?	01 = Yes 02 = No >> Skip to 9.13 88 = Don't Know >> Skip to 9.13 99 = Not Applicable	
10.11	What was the advice or treatment received?  Instructions: Please record all responses.	01 = ORS 02 = zinc 03 = ORS + zinc 04 = Drinking more liquids (aside from breast milk) 05 = Drinking less liquids (aside from breast milk) 06 = Drinking more breast milk than usual 07 = Drinking less breast milk than usual 08 = Antibiotics 88 = Don't Know 99=Not applicable	
10.12	Where did you seek advice or treatment from?	01 = Health Personnel / Qualified Doctor 02 = Nurse/Midwife/Paramedic  03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer  06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBA 12 = Untrained TBA 13 = Unqualified Doctor 77 = Other(Specify)  88 = Don't know 99=Not applicable	
10.13	Has (INFANT NAME) been ill with a fever at any time in the last 2 weeks?	01 = Yes 02 = No 88 = Don't Know	
10.14	Has (INFANT NAME) had an illness with a cough at any time in the last 2 weeks?	01 = Yes 02 = No >> Skip to 9.17 88 = Don't Know>> Skip to 9.17	

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		Study ID	
10.15	When (INFANT NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	01 = Yes 02 = No >> Skip to 9.17 88 = Don't Know>> Skip to 9.17 99=Not applicable	
10.16	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	01 = Chest only 02 = Nose only 03 = Both 77 = OtherSpecify 88 = Don't Know 99=Not applicable	
10.17	Is (INFANT NAME) still sick with a fever/cough?	01 = Fever only 02 = Cough only 03 = Both fever and cough 04 = No, neither>> skip to Q 10.1 88 = Don't Know 99=Not applicable (If,Q-9.13, 9.14 answer "no")	
10.18	Did you give breast milk when (INFANT NAME) had fever/cough?	01 = Yes 02 = No >> Skip to 10.1 88 = Don't Know>> Skip to 10.1	
10.19	When (INFANT NAME) had fever/cough, how much breast milk was given to the child?  Was he/she given less than usual to breast milk, about the same amount, more than usual to breast milk?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to drink 88 = Don't Know 99 = Not Applicable	
10.20	IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? When (INFANT NAME) had fever/cough, was he/she given less than usual to eat, about the same amount, more than usual to eat?  Instructions: ONLY ask if the infant is not exclusively breastfed. If the infant is still exclusively breastfed, mark '99'/'Not Applicable'	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to drink 88 = Don't Know 99 = Not Applicable	
10.21	IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?  Did you seek advice or treatment when	01 = Yes	
	(INFANT NAME) has diarrhea?	02 = No >> Skip to 10.1 99=Not applicable	
10.22	What was the advice or treatment received?  Instructions: Please record all responses.	01 = Acetaminophen 02 = Ibuprofen 03 = Oral antibiotics 04 = Shot 05 = Both oral antibiotics and shot 06 = Intravenous (IV) fluids 07 = Cough medicine	

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		Study ID			
		08 = Aspirin			
		77 = Other. Specify: 88 = Don't Know			
		99=Not applicable			
10.23	Where did you seek advice or treatment from when child had fever/cough?	01 = Health Personnel / Qualified Doctor			
		02 = Nurse/Midwife/Paramedic			
		03 = Community Counselor			
		04 = Community Health and Nutrition Worker			
		05 = Community Health and Nutrition Mobilizer			
		06 = Family Welfare Visitor			
		07 = Community Skilled Birth Attendant			
		08 = MA/SACMO			
		09 = Health Assistant			
		10 = Family Welfare Assistant			
		11 = Trained TBA			
		12 = Untrained TBA			
		13 = Unqualified Doctor			
		77 = Other(Specify)			
		88 = Don't know			
		99=Not applicable			

11. Anthropometrics  Read: Now I would like to take your height and weight measurements. Also, a finger prick blood sample will be taken in order to check the amount of iron that is in your blood. Please know that this is a common, standard test for iron, which						
requires only a small drop of blood.						
	MEACUDEMEN	NTS FOR MOTHER				
11.1	HEIGHT IN CENTIMETERS	VIS FOR MOTHER				
11.1	HEIGHT IN CENTIMETERS		CM			
11.2	WEIGHT IN KILOGRAMS		KG			
11.3	HEMOGLOBIN IN FINGERPRICK BLOOD SAI	MPLE	gm/dL .			
11.4	STATUS OF HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENTS  Measured					
Read: Now I would now like to take length, weight, head circumference, and iron measurements of (INFANT NAME) A finger prick blood sample will also be taken in order to check the amount of iron that is in your blood. Again, this is a common, standard procedure that requires only a small drop of blood.						
	ANTHROPOMETRIC MEASURES AND	D IRON STATUS FOR	CHILD (3 MONTHS)			
11.5	RECORD NAME OF INFANT FROM 4.1		NAME			
11.6	RECORD SEX OF INFANT FROM 4.2		01=Male 02=Female			
11.7	WEIGHT IN KILOGRAMS	Caretaker with child	KG .			
		Only mother	KG .			
11.8	LENGTH IN CENTIMETERS  Instructions: Measurement should be taken when infant is lying down as flat as possible on his/her back.		СМ			
11.9	HEAD CIRCUMFERENCE IN CENTIMETERS		СМ			
11.10	HEMOGLOBIN IN FINGERPRICK BLOOD SAMPLE		gm/dL .			

Study ID

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		Study ID	
11.11	STATUS OF HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENTS  Measured 1 Not Present 2 Refused all 3 Other 7		

			Study ID	
Was anyone other than the respondent present at the time of interview?  01=Yes  02=No				
If 'Yes	' mention			
	Husband			
	Father-in-law//Mother-in-law			
	Daughter/Son			
	Elder sister-in-law/Sister-in-law			
	Uncle/Aunt			
	Other household members			
	Neighbor (Name, relation)			
Notes:				
Name of Interviewer			Code	
Name of Quality Controller			Code	
Г	)ate:			

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## **Appendix References**

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