**Annex 1. Questionnaires to assess exclusive breast-feeding for the first six months of life and its associated factors among children 6- 24 months of age in Burao district, Somaliland**

## **English Version Questionnaires**

## **Part 1: Socio-economic and demographic factors**

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| --- | --- | --- | --- |
| S.NO | Question  | Category | Skip |
| 1 | What is your age, Mother? | Age in completed year\_\_\_\_\_\_\_\_ |  |
| 2 | What is your marital status, Mother? | 1. Married
2. Divorced
3. Widowed
4. Other(specify)
 |  |
| 3 | Educational status of the mother? | 1. Illiterate
2. Read and write
3. Primary level
4. Secondary level
5. College and above
 |  |
| 4 | Occupation status of the mother? | 1. House wife
2. Merchant
3. Private/company employee
4. Government employee
5. Daily labor
6. Others, specify
 |  |
| 5 | Occupation of the father? | 1. Merchant
2. Private/company employee
3. Government employee
4. Daily labor
5. Others, specify
 |  |
| 6 | Educational status of the father? | 1. Illiterate
2. Read and write
3. Primary level
4. Secondary level
5. College and above
 |  |
| 7. | What is your average family monthly income? | Somaliland shillings \_\_\_\_\_\_\_\_\_\_\_ |  |
| 8. | Background information of the infantSex of the Child?  | 1. Male
2. Female
 |  |
| 1. **Obstetric and gynecologic characteristics of respondents**
 |
| 9 | What was your age at the time of marriage | Age of marriage \_\_\_\_\_\_\_ |  |
| 10 | What was your age at the time of first birth? | Age of first birth \_\_\_\_\_\_ |  |
| 11 | How many children you delivered? |  |  |
| 12 | Did you face child death? | 1. Yes
2. No
 |  |
| 13 | If question NO12 is yes, how many infant or child was dead?  |  |  |
| 1. **Health service related factors**
 |
| 14 | When you were pregnant to last pregnancy, did you go to the health facility for antenatal care? | 1. Yes
2. No
 |  |
| 15 | If answer is yes, how many times did you visit? | Number of visits \_\_\_\_ |  |
| 16 | If Q15 is yes, did you receive information about breastfeeding while you were following antenatal care? | 1. Yes2. No 3. I don’t remember |  |
| 17 | Where you give birth to this baby? | 1. Home
2. Health facility
 |  |
| 18 | If you deliver at home who assisted you the delivery? | 1. Health professional
2. Trained traditional birth attendant
3. Untrained traditional birth attendant
4. No one
 |  |
| 19 | Have you ever been informed advice about breastfeeding after delivery? | 1. Yes
2. No
 |  |
| 20 | If 19is yes, about which of the following characteristics you have been informed or advised regarding breastfeeding?Multiple response is possible | 1. Initiate breast feeding immediately after birth
2. No pre-lacteal feeding to be given
3. Breast feeding babies less than six months do not require extra food even water.
4. Continue breast feeding during illness of the baby
 |  |
| 21 | Have you vaccinated your child? | 1. Yes
2. No
 |  |
| 22 | If Q21is yes do you remember the kind of vaccine(s) they have taken? |  |  |
|  **IV. Questions about Knowledge of respondents on Exclusive breast feeding practice**  |
| 23 | Is exclusive breast feeding mandatory for the growth of a child? | 1.Yes2.No |  |
| 24 | When do you think a child is exclusively breast feed? |  |  |
| 25 | How soon after child birth shouldBreast feeding was started? |  |  |
| 26 | How frequent should a child be breastfeed per day? |  |  |
| 27 | What other additional foods or drinks Should a child be fed from birth up to six months in addition to breast milk? | 1. Nothing
2. Plain water
3. Water-sugar/salt solutions
4. Cow’s milk
5. Formula milk
6. Butter

7.Other, specify \_\_\_\_\_\_\_\_\_ |  |
| 28 | When should a child be supplemented with additional complementary foods?  | At (\_\_\_\_\_\_\_\_\_\_\_] months |  |
| 29 | How long in total should a child be breastfeed? In months | (\_\_\_\_\_\_\_] months |  |
| 30 | What is the importance of exclusive breast feeding to the mother? |  |  |
| 31 | Do you believe that formula feeding can replace breastfeeding?  | 1.Yes2.No |  |
| 32 | What are the consequences of not breastfeeding your child? |  |  |
| 33 | What is the importance of colostrums to your child? | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. I don’t know |  |
| 1. **Exclusive breastfeeding practice of respondents**
 |
| 34 | Did you squeeze and throw out the first milk (colostrum)? | 1. Yes
2. No
 |  |
| 35 | If answer is yes, what was the reason? | 1. To initiate milk production
2. Dirty
3. Colostrum causes abdominal cramp
4. Other specify
 |  |
| 36 | Are you still breastfeeding the child? | 1. Yes
2. No
 |  |
| 37 | When you usually breast feed your youngest child?(more than one answer is possible) | 1. On the demand
2. When the child cries
3. On schedule
4. On convenience
5. In other condition (specify
 |  |
| 38 | For how many months did you feed with breast milk only? | I feed for \_\_\_\_\_\_\_\_ months breast milk only |  |
| V Psychosocial factor  |
| 39 | Do you get any help about breastfeeding from your husband? | 1. Yes
2. No
 |  |
| 40 | If Question NO45, What kind of help he gave you? |  |  |
| 41 | Is there any one from the family who helped to breastfed your child? | 1. Yes
2. No
 |  |
| 42 | What kind of help did he/she give you? |  |  |