**DATA COLLECTION INSTRUMENT**

**INTERVIEW GUIDE FOR BREASTFEEDING MOTHERS WITH PHYSICAL DISABILITIES**

**SECTION A: Demographic Information (Background Information)**

ID number---------------

Age: 18 – 25[ ]  26 – 30[ ]  31 -35[ ]  36 – 40[ ]  41 – 45 [ ]  46 – 50 Above 51[ ]

Religion ------------------------------------------------------------------------------------------

Marital status-------------------------------------------------------------------------------------

Number of children (biological) --------------------------------------------------------------

Age(s) of children ------------------------------------------------------------------------------

Place of Residence -----------------------------------------------------------------------------

Region of Origination -------------------------------------------------------------------------

Ethnicity -----------------------------------------------------------------------------------------

Employment Status ----------------------------------------------------------------------------

Level of Education -----------------------------------------------------------------------------

Nationality---------------------------------------------------------------------------------------

**SECTION B: Guiding Questions**

**Breastfeeding experience of mothers with disabilities**

Can you describe your experiences with breastfeeding as a mother?

* How long have you breastfed and why?
* When do you intend to stop breastfeeding this child and why?
* How often (day/night) do you breastfeed?
* Hourly
* On demand
* If it is on demand, describe the signal by your baby that tells you to breastfeed

**Factors that influenced the decision to initiate breastfeeding**

What informed your decision to choose to breastfeed?

* Previous experience
* Experience of other mothers
* Midwives’ initiation
* What encourages you to breastfeed your infant?
* Health benefits
* Affordability
* Norm or cultural expectation

**Psychological reaction and emotions relating to breastfeeding**

* What are your thoughts about the demands of breastfeeding?
* How easy or difficult is it?
* Describe the emotions you experience anytime you breastfeed your child.

**Challenges pertaining to childcare**

Tell me about your experiences as you care for your child

How do you manage to keep up with the demands of your baby?

* Time management
* Interrupted sleep
* How has this baby affected your way of life in keeping up with activities of daily living as well as your relationship with others?
* Your ability to be mobile
* The way people relate to you
* Can you describe the challenges you have faced so far as a mother with physical impairments?