

ST. JOHN'S MEDICAL COLLEGE, BANGALORE
DEPT. OF COMMUNITY MEDICINE

PSYCHO-SOCIAL FACTORS RELATING TO BREAST FEEDING:

Sl No.....

1. Family Variables

1.2 Family Organization

1.2.1 Name of Head of family:

1.2.2 Sibling structure

Birth Order	Age	Sex
A		
B		
C		
D		
E		
F		

1.2.3. Length of marriage

1.3. Family position in Social structure

1.3.1 Socio economic status:

1.3.2. Husband's Occupation:

Wife's Occupation:

1.3.3. Family literacy

Name	Age	Sex	Illiterate	Primary School	Sec. School	High School	College
A							
B							
C							
D							
E							
F							

1.3.4 Caste of family:

1.3.5. Religion

1.3.6 Nuclear/Joint/Extended Family.

2. INDIVIDUAL VARIABLES:

- 2.1 Do you enjoy breast feeding -- Yes/No
- 2.2 Are you embarrassed by breast feeding in public
(e.g. while waiting or travelling in a bus) Yes/No
- 2.3 Do you consider the role of the breasts as (a) Primarily for breast feeding
(b) Primarily for sexual attraction
(c) Equal proportion of above two
- 2.4 Were you breast fed when young -- Yes/No
- 2.5 Has breast feeding been more pleasurable with each succeeding child -- Yes/No
- 2.6 While breast feeding do you pay full attention to breast feeding only (i.e. do not do any other job simultaneously) -- Yes/No
- 2.7 Did you feel that feeding your infant was a greater priority than feeding your husband -- Yes/No
- 2.8 Have you sought advice from experienced mothers regarding breast feeding -- Yes/No

If 'Yes', state advice sought.

3. FACTORS IN DECISION TO BREAST FEED

(For breast feeding mothers with first child only)

- 3.1 Was your pregnancy planned for --- Yes/No
- 3.2 What was your response to breast changes (pleasure/Shame/No opinion.)
- 3.3 Did you receive Specific advice on breast feeding -Yes/No
If 'Yes' define advice and state from whom received.
- 3.4 Were you confused of the crisis of loss of your previous role and finding your present new maternal role --- Yes/No
- 3.5 Was your delivery Normal -- Yes/No
If 'No', state complication encountered
- 3.6 What was the time interval between delivery and your first conscious contact with your child _____
- 3.7 What was your response to the first suckling experience _____
- 3.8 Was your breast feeding painful to you. -- Yes/No
If 'Yes' state reason.

4 FACTORS IN DECISION TO STOP BREAST FEEDING

- 4.1 Who was the decision-maker
- 4.2 At what age of the infant did you stop breast feeding.....
- 4.3 Specific reasons for stopping breast-feeding
(Specify more than one reason where desired, in which case the priority order must be indicated)
 - 4.3.1 Cracked nipple etc. of mother's breasts
 - 4.3.2 Physical defects in infant's mouth which prevents suckling.
 - 4.3.3 Onset of next pregnancy
 - 4.3.4 Inconvenience caused by mother going to work
 - 4.3.5 Feeling that breast milk is inadequate
 - 4.3.6 Excessive crying by infant, causing interference to breast feeding
 - 4.3.7 Lack of confidence, fear or shame to breast feed
 - 4.3.8 Bottle-feeding is easier than breast feeding
 - 4.3.9 Mother is just not inclined to breast feed
 - 4.3.9 Does not have enough time to spend with infant
 - 4.3.9 It is more convenient for relatives to bottle feed
 - 4.3.9 Baby finds it easier to suck from bottle.
 - 4.3.9 Visual impact of effect of advertisements on bottle fed babies being healthy and fat
 - 4.3.9 Advised against breast feeding (specify advice/advisor)
 - 4.3.9 Breast feeding causes sagging of breasts

5 BREAST FEEDING PRACTICES

- 5.1 Breast milk
 - 5.1.1 Age of infant at which breast feeding was begun.....
 - 5.1.2 Frequency of breast feeding per day
 - a) Beginning of lactation.....
 - b) Middle of lactation period.....
 - c) Just before and during weaning process.....

5.1.3 Is it demand feeding or Regular feeding.
(Specify)

5.1.4 Reasons for choosing specific time for breast feeding

a).....

b).....

c).....

5.1.5 Position of baby while breast feeding:.....

5.1.6 Position of mother while breast feeding:.....

5.1.7 Average amount of milk flow:.....
(Do test feed)

5.1.8 Specify any cultural practices related to breast care and breast feeding

a).....

b).....

c).....

d).....

5.1.9 Specify any dietetic restrictions imposed during lactation
(specify duration of restriction)

a).....

b).....

c).....

5.2 Colostrum

Were you aware of colostrum secretion ---- Yes/No

5.2.2 Was the colostrum expressed ---- Yes/No

If 'Yes' specify a) Duration of flow.....

b) Frequency of expressing.....

c) Reasons for expressing
colostrum

5.2.3 Attitude of mother to colostrum:

a) Necessary for infant

b) Harmful for infant

c) Not useful for infant

6 SUPPLEMENTARY/ARTIFICIAL FEEDING

- 6.1 Specify the supplement milk used:.....
(including expressed breast milk)
- 6.2 Do you continue to breast feed along with supplementary feeding ---- Yes/No
(If 'Yes' state frequency of breast feeds).....
- 6.3 What is the dilution ratio for milk used:-
a) Beginning of supplementary period.....
b) Middle of supplementary period.....
c) Early weaning phase.....
- 6.4.1 Is the milk boiled -- Yes/No
- 6.4.2 Is the dilutant (water) boiled } -- Yes/No
separately before use
- 6.5 Define the mode of supplementary feeding.....
(e.g. spoon, bottle, palada etc.)
- 6.6 What is the frequency and total duration of supplementary feeding:
(denote if demand/regular feeding).....
- 6.7 If regular feeding, state reasons for choice of time of feeding
a).....
b).....
- 6.8 What is the quantity per feed
a) Beginning of supplementary period.....
b) Middle of supplementary period.....
c) Early weaning phase.....
- 6.9 Hygiene of container (Spoon, bottle etc.)
- 6.9.1 How is the container sterilised/cleaned
.....
- 6.9.2 Where in the house and how is the container stored during interim periods.
.....
.....

6.9.3 Is the container (including separate container used for boiling milk/water before transferring to bottle etc.) used for any other purposes (specify use) -- Yes/No

7 OTHER PRACTICES RELATED TO SUPPLEMENTARY FEEDING

7.1 What were the reasons for the choice of the particular supplementary milk.

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7.2 What was the influence of advertisements of various supplementary milk foods (e.g. Amul spray) and feeding bottles, in the various decision making process.

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7.3 Do you think supplementary feeding is better than breast feeding ---- Yes/No

7.4 What cultural/religious beliefs are associated with supplementary feeding. (e.g. cow's milk etc.)

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.....

.....

7.5 Can supplementary feeding completely replace breast feeding
Yes/No

7.6 Who feeds the infant with supplementary feeds

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.....

7.7 Was there any occasion to switch back to breast feeding alone after starting supplementary feeding (specify occasion with reasons)

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7.8 Do you think that breast feeding acts as a natural contraception -- Yes/No

7.9 Do you feel that breast feeding has been directly responsible for increasing the bond of love and care for your infant -- Yes/No

Remarks:.....

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