

## Supplementary Materials A.1 – Women’s Interview Guides

### EBF TIPs INTERVIEW 1 GUIDE for WOMEN

#### Household Trials Initial Visit

Date of Interview: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_  
Community/Location: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Participant ID Code: \_\_\_\_ - \_\_\_\_ W- \_\_\_\_ Visit code: T1  
region ward- household W- interviewer  
Baby’s name: \_\_\_\_\_ Baby’s Age: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_

**WT1.Start** – Time started: \_\_\_\_ : \_\_\_\_

#### A. BREASTFEEDING EXPERIENCE

**Interviewer:** “I would like to begin by asking you questions about you and your baby.”

WT1.A1– Tell me about how feeding \_\_\_\_ (**NAME**) is going for you?

WT1.A2 – Think back to when \_\_\_\_ (**NAME**) was born. What was the first thing given by mouth to \_\_\_\_ (**NAME**) after delivery? (**Probe**): Why? Who recommended it?

WT1.A3 – How soon after birth did you first put \_\_\_\_ (**NAME**) to the breast? (**If less than 1 hour, check ‘immediately’. If less than 24 hours specify number of hours, otherwise specify number of days.**)

Immediately \_\_\_\_\_ Or

Hours \_\_\_\_\_ Or

Days \_\_\_\_\_

WT1.A4 – **Please explain your reasons for putting \_\_\_\_ (name) to the breast at \_\_\_\_\_ (specify timing mother stated)? If needed, probe:** What were your reasons for not putting \_\_\_\_ to the breast immediately? What did you give instead?

WT1.A5 – What else did you give to \_\_\_\_\_ (name) in the first 3 days? What were your reasons for giving this (specify)?

WT1.A6 – Do you breastfeed during the day? (**check one**) No \_\_\_\_\_

Yes \_\_\_\_\_

WT1. A7 – (**If yes**) How many times do you usually breastfeed in the day?

WT1. A8 – Do you breastfeed during the night? (**check one**) No \_\_\_\_\_

Yes \_\_\_\_\_

WT1.A9 – (**If yes**) How many times do you usually breastfeed in the night?

WT1.A10 – What do you like about breastfeeding your baby? (**Probe**): What is easy about it?

WT1.A11 – How is breastfeeding going for your baby? **(Probe):** What challenges does your baby face when breastfeeding or trying to breastfeed?

WT1.A12 – How is breastfeeding going for you? **(Probe):** What do you worry about? What challenges do you face when breastfeeding or trying to breastfeed? Please tell me more about that? What causes that? How can you overcome that?

WT1.A13 – How do you know when to breastfeed your baby? **(Probe):** Who decides when your baby will breastfeed?

WT1.A14 – How do you know how long to feed \_\_\_\_ **(NAME)** at each feeding? **(Probes):** Who decides when the baby should stop breastfeeding? For what other reasons do you sometimes stop feeding?

WT1.A15 – How do you know the baby has had enough breast milk?

WT1.A16 – Describe any times when you wanted to breastfeed your baby but you were unable to do so.

WT1.A17 – Do you have any other concerns or worries about breastfeeding your baby? **Please explain them to me.**

**(If she has concerns):** What are you trying to do to address any of the challenges you just mentioned?

WT1.A18 – Does anyone help you, encourage you, or talk to you about breastfeeding your baby? **(Probe):** Who? What do they say? What do they do?

WT1.A19 – **(Follow-up)** Does your mother, mother-in-law-, grandmother or other women do anything to help the baby eat or help you to breastfeed the baby? **(If yes):** What do they say? What do they do?

WT1.A20 – **(Follow-up)** Does the baby's father do anything to help the baby breastfeed or help you to breastfeed the baby? **(If yes):** What does he say? What does he do?

WT1.A21 – Does anyone discourage you to breastfeed or make it difficult for you to breastfeed? **(Probe):** Who? What do they say? What do they do?

WT1.A22 – What help would you like to make it easier for you to breastfeed? **(Probes):** Who can you ask for advice, encouragement, or support in breastfeeding your baby?

WT1.A23 – A baby's health is important to both the mother and the father. What could fathers do to help mothers breastfeed their babies so they grow strong and healthy?

WT1.A24 – What could other family members do to help mothers breastfeed their babies so they grow strong and healthy?

## **B. INFANT FEEDING RECALL**

"Now I would like to talk to you specifically about activities that happened yesterday and in the past week."

WT1.B1 – Was \_\_\_\_ **(NAME)** breastfed yesterday during the day or at night? **(Check one):**

No (0) \_\_\_\_

Yes (1) \_\_\_\_

Don't know (8) \_\_\_\_

WT1.B2 – (If yes) How often did the child breastfeed yesterday during the day? (write response):

WT1.B3 – (If yes) How often did the child breastfeed yesterday during the night? (write response):

WT1.B4 – Please describe anything else that \_\_\_\_ (NAME) gets besides breastmilk. (Probe): This can be something given by you or another household member, given during the day or night, or given at home or outside the home. (Begin by asking about and listing all other liquids and solids. Then proceed with each one mentioned and ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling, grandmother, or someone else is regularly feeding the child, write brief note about what she says.

Type of liquid/food (specify ingredients if a mixture)	i. Did the child have it yesterday? (check No or Yes)	ii. How often did the child have it yesterday?	iii. How many days did the child have it in the past week?
a. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
b. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
c. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
d. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
e. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
f. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week

WT1.B5 – Why does the baby get these kinds of foods? Who decides/gives these foods? (Probe on each liquid or food she mentioned above. If she gives different reasons for different items, list reasons out separately.)

Now I would like to ask you about some different liquids and foods which we have not yet discussed. These may not be something that you ever give your baby and that is fine. But if you do, we would like to know more.

WT1.B6 – Has \_\_\_\_ (NAME) ever had any \_\_\_\_ (ITEM BELOW)?

**(Probe):** This can be something given by you or another household member, given during the day or night, or given at home or outside the home. **( First reading the list of foods below, ask about each food and liquid which has NOT already been mentioned spontaneously above by the mother. Then for each “yes” answer, proceed to ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling, grandmother, or someone else is regularly feeding the child, write brief note about what she says.**

<b>Type of liquid/food</b>	<b>i. Did she already mention above? (If yes, check and skip)</b>	<b>ii. Did the child have it yesterday? (check No or Yes)</b>	<b>iii. How often did the child have it yesterday?</b>	<b>iv. How many days did the child have it in the past week?</b>
a. Plain water	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
b. Milk, such as tinned, powered, canned, or fresh animal milk	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
c. Juice	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
d. Porridge <b>(Probe and include homemade or pre-packaged)</b>	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
e. Other soft, semi-solid or solid foods	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
f. Medicines provided by the clinic or doctor	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
g. Medicines provided by someone else, including tonics and traditional medicines (e.g. gripe water)	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week

WT1.B7 – Why does the baby get these kinds of foods? Who gives these liquids or foods? **(If she gives different reasons for different items, list reasons out separately.)**

WT1.B8 – When do you plan to give your baby a new food or liquid? What will you give? **(Probes):** Why? How will you know the child is ready?

### C. DEMOGRAPHICS

**Interviewer:** “Before we end our discussion today, I would like to ask you a few questions about you and your household. This information will be confidential and we are only asking so that we can describe generally the group of people who participate in this study.”

QUESTION		ANSWERS	SKIP
WT1.C1	Please tell me what kind of work you do.  <b>(Do not read options. Multiple answers possible)</b>	Not working/housework only..... 0 Daily wage worker..... 1 Agricultural worker in own field..... 2 Business/shop keeper..... 3 Working in private organization..... 4 Working with Government ..... 5 Other..... 6 (specify)_____	
WT1.C2	What is your <u>current</u> marital status?  <b>(Read aloud each option. Circle only ONE answer which describes her most current situation and focus on whether she currently has a spouse or a partner)</b>	Single, never married.....0 Married or living with a partner..... 1 Separated or divorced..... 2 Widowed..... 3	→ WT1.C10  → WT1.C10 → WT1.C10
WT1.C3	Has your spouse/partner been living with you in the past month?  <b>(If she does not have a spouse/partner, circle ‘not applicable’)</b>	No.....0 Yes.....1 Not applicable.....7	→ WT1.C5
WT1.C4	Over the past week, has your spouse/partner been at home?  <b>(If she does not have a spouse/partner, circle ‘not applicable’)</b>	No.....0 Yes.....1 Not applicable.....7	
WT1.C5	Is it typical for him to travel or be away from home often?  <b>(If she does not have a spouse/partner, circle ‘not applicable’)</b>	No.....0 Yes.....1 Not applicable.....7	

WT1.C6	With whom do you currently live?	With spouse (without parents).....0 With spouse’s parents.....1 With own parents.....2 Completely by herself..... 3 Other..... 4 (specify)_____	
WT1.C7	<b>(If not living with spouse’s parents)</b> Does your mother-in-law live in the same town?	No.....0 Yes.....1	
WT1.C8	<b>(If not living with own parents)</b> Does your mother live in the same town?	No.....0 Yes.....1	
WT1.C9	How many children under the age of 12 live in the household, including your children and any other children?	__ __  Children	
WT1.C10	I would like to ask you about advice you may have received during your recent pregnancy. Before you delivered ____ <b>(NAME)</b> , did a doctor, nurse, or health facility worker talk to you about how to breastfeed?	No.....0 Yes.....1	
WT1.C11	Where did you deliver ____ <b>(NAME)</b> ?	Hospital..... 1 Government health center/dispensary..... 2 Private clinic..... 3 Home birth.....4 Other.....5 (specify)_____	

WT1.C12 – “That is all my questions for today unless there is anything else you’d like to tell me about feeding your baby. Did I miss anything?”

**Thank the mother for her time. Explain that you will talk to the nutritionist and come back in 1-2 days to talk to her about ideas for feeding to keep her baby healthy. Arrange a date for follow-up tomorrow (or in 2 days if necessary). Ask the mother when is a convenient time of day to meet her and try to arrange that she will be home when you come. Discuss cell phone reminders if she wants.**

**WT1. C13 – Follow-up visit arranged for:** \_\_\_\_\_

D. **CLOSING OF INTERVIEW.** “Thank you very much for spending time with me and answering my questions. I look forward to meeting again soon in the next day or so and talking more about ways to help mothers and families feed their babies.”

**WT1. D1 – Time finished:** \_\_\_\_ \_\_\_\_: \_\_\_\_ \_\_\_\_

**For Interviewer to Fill Out After Interview:**

Revisit question A3 above and check either yes or no		
WT1.D2	Does participant have a spouse/partner?	_____ no (0)      _____ yes (1)
WT1.D3	(If yes) Has he been approached to participate in TIPs?	_____ no (0)      _____ yes (1)
WT1.D4	(if yes) Has he agreed to participate in TIPs	_____ no (0)      _____ yes (1)
WT1.D5	(If yes) Spouse/partner’s participant ID code:	_____

**INTERVIEWER’S REMARKS (CIRCLE ALL THAT APPLY)**

**WT1.D6 – Was anyone else present during the interview?**

- No one else was present.....1
- Respondent’s husband.....2
- Children.....3
- Parents.....4
- Other adults.....5

**WT1.D7 – In general, what was the respondent’s attitude during the interview?**

- Cooperative and interested.....1
- Cooperative, but not very interested.....2
- Impatient, rushed.....3
- Worried/trying to give right answer.....4
- Annoyed.....5
- Shy, hesitant to answer.....6

**WT1.D8 – Did the respondent understand the questions?**

- Understood well.....1
- Did not understand very well.....2
- Understood poorly.....3

**WT1. D9 – INTERVIEWER’S COMMENTS AFTER INTERVIEW:** What are your perceptions of the validity of the data? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went:

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## EBF TIPS INTERVIEW 2 GUIDE for WOMEN

### Household Trials Counseling Visit

Date of Interview: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_  
Community/Location: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Participant ID Code: \_\_\_\_ - \_\_\_\_ W- \_\_\_\_ Visit code: T2  
region ward- household W- interviewer  
Baby's name: \_\_\_\_\_ Baby's Age: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_

WT2.Start – Time started: \_\_\_\_ : \_\_\_\_

**Begin with greetings, casual conversation with the mother, interacting with baby, finding a private location. Remind mother that we want learn from people like her how to design programs that will help families. You are not a health worker and not here to test her, so there are no right or wrong answers. You only want to find out what people like her think about ways of feeding babies. If she does not like anything we discuss, please say so, because this is the best way for us to learn what would be helpful or not helpful in programs for mothers. Thank her and ask if it is okay to begin, and to begin recording.**

#### A. DISCUSSION OF INFANT FEEDING ASSESSMENT

“I would like to discuss what you shared with me during our last visit. Let’s begin by talking about the baby’s diet.... What you have told me so far about feeding \_\_\_\_\_ (**NAME**) is...” (**Briefly summarize what foods and practices were mentioned, any challenges, and remember to praise the mother’s care of her baby**)

#### B. COUNSEL THE MOTHER VERY BRIEFLY

Have you heard of exclusive breastfeeding? What did you learn that exclusive breastfeeding means? What did you learn about why it is important? How long should a baby breastfeed exclusively?

**(If she does not know or answers incorrectly, remember that you promised no right or wrong answers! You can say “What I have just learned in training for this project is that exclusive breastfeeding means giving the baby only breastmilk, no water or other liquids or food, for the first 6 months. Mothers can provide plenty of breastmilk which is the very best food for a happy, healthy baby.**

**Do not provide other counseling at this time.**

#### C. RECOMMENDATIONS TO IMPROVE INFANT FEEDING PRACTICES

“After consulting with my supervisor, I have some suggestions based on what you told me last time.”

“We will talk about many options and you are free to choose which you like and which you don’t like. We will ask your opinion on each one first, but at the end you can decide whether you want to try any of them.”

**(During debriefing after T1, you will have identified key problems and used the counseling guide to come up with about 5 practices to test. List recommendations and # from counseling guide below. You and/or the mother may have more specific ideas than what’s listed in the counseling guide so write details below and on willingness forms. Do not read this list to the mother all at once.**



#F \_\_\_\_\_

#F \_\_\_\_\_

#F \_\_\_\_\_

#F \_\_\_\_\_

#F \_\_\_\_\_

**Use the Willingness Sheets (section D1) to record as much detail as possible on mother's responses to each recommendation (how she reacts, why willing or unwilling to try). Use the counseling guide table to provide only brief specific information related to the practices recommended to solve problems identified in T1.**

**D.1. WILLINGNESS SHEET**

WT2. D1 – Recommended Practice # \_\_\_\_\_

WT2. D2 – Recommended practice description from counseling guide:

WT2. D3 – Specific options suggested:

WT2. D4 – What do you think about this idea? (Mother's initial response):

WT2. D5 – Would you be you willing to try this recommendation? (check one) No \_\_\_\_ Yes \_\_\_\_

WT2. D6 –What do you like about this idea? What makes it possible to do this?

WT2. D7 What don't you like about this idea? What might make it difficult?–

**Insert as many additional Willingness sheets as needed.**

**D2: SELECTION SHEET**

**After completing willingness sheets on each recommendation, negotiate with the mother to choose the new practices she wants to try for the next 2-3 weeks. Explain that you will be coming back to get her opinion on the new practices.**

We want to learn what people think when they try these suggestions at home. If you agree, you can choose something new to try for 2 weeks and then I will come back to ask how it went. Would you like to try any of the ideas we have talked about? If yes, what would you like to try? **(Remind her of the ones she said she would be willing to try.)** It is important to choose something that seems possible for you and that you would like to try...

(if they choose many practices, you can say: I'm glad you are so motivated but It is easier not to try to change everything at once, Which practices do you most want to try?

List the ones she wants to try and ask questions below about the set of recommendations..

WT2. D8 – How would you want to change the recommendation to make it easier or better for you and your family? **(Probe):** What might help you to try this new practice?

WT2. D9 – Let's talk about any challenges you might face because changing behavior is difficult. What might make it difficult to try this? **(Probe):** What are reasons you might not want to do this? **(Help her plan ahead and prepare for possible problems.)**

WT2. D10 – What might people you know think about you trying the new practice? **(Probes):** Who? (family, neighbors, others in community). What might they do? What might they say?

**D. FINAL AGREEMENT AND REVIEW**

WT2. E1 – “To wrap up, please tell me what you have decided to try over the next two weeks.” **(Make sure she understands and agrees. Summarize in her own words what the mother has agreed to try below.)**

	<b>i. Recommendation number</b>	<b>ii. Detail of what she will try (write in space)</b>
<b>a.</b>		
<b>b.</b>		
<b>c.</b>		

WT2. E2 – **Total number of Willingness Sheets filled out:** \_\_\_\_\_

WT2. E3 – “Do you have any questions or comments?” **(Record them and make sure all the details of preparation are clear):**

Write what she is going to try on a Child Feeding Reminder slip and give it to her to keep. Arrange a date for follow-up in about 2 to 3 weeks. Ask the mother when is a convenient time of day to meet her and try to arrange that she will be home when you return.

WT2. E4 – Follow-up visit arranged for: \_\_\_\_\_

E. **CLOSING OF INTERVIEW.** “Thank you very much for spending time with me and answering questions. I really encourage you to try the new recommendations to improve breastfeeding and hope the new ideas go well for you. When we talk next, I will be eager to learn from you what happened when you tried the new practices and what you think about them. I look forward to hearing about your experiences.”

WT2. F1– Time ended: \_\_\_\_ \_\_\_\_ : \_\_\_\_ \_\_\_\_

**INTERVIEWER’S REMARKS (CIRCLE ALL THAT APPLY)**

**WT2. F2 – Was anyone else present during the interview?**

- No one else was present.....1
- Respondent’s husband.....,2
- Children.....3
- Parents.....4
- Other adults.....5

**WT2. F3– In general, what was the respondent’s attitude during the interview?**

- Cooperative, interested .....1
- Cooperative, but not very interested.....2
- Impatient, rushed.....3
- Worried/trying to give right answer.....4
- Annoyed.....5
- Shy, hesitant to answer.....6

**WT2. F4 – Did the respondent understand the questions?**

- Understood well.....1
- Did not understand very well.....2
- Understood poorly.....3

**WT2. F5 – INTERVIEWER’S COMMENTS AFTER INTERVIEW:** What are your perceptions? For example, did the participants appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

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**EBF TIPs INTERVIEW 3 GUIDE for WOMEN**

**For EBF Mothers**

Household Trials Follow-Up Visit

Date of Interview: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_  
Community/Location: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Participant ID Code: \_\_\_\_ - \_\_\_\_ W- \_\_\_\_ Visit code: T3  
region ward- household W- interviewer  
Baby's name: \_\_\_\_\_ Baby's Age: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_

WT3. Start – Time started: \_\_\_\_: \_\_\_\_

**Interviewer Instructions. Greet the mother, ask her how she has been doing and review the topics you will be talking about today.**

**Reminder to the mother:** “I wanted to remind you that being in this study is your choice and you can decide not to answer any question that makes you uncomfortable. Remember I want to learn from you. Your responses will be used to make programs better for women in your community so feel free to answer my questions honestly. I will not be offended.”

**A. INFANT FEEDING RECALL**

“I'd like to begin our conversation today by talking about your baby \_\_\_\_\_ (**NAME**) and specific activities that happened yesterday and the past week.”

WT3.A1 – Was \_\_\_\_\_ (**NAME**) breastfed yesterday during the day or at night? (**Check one**)

- No (0)
- Yes (1)
- Don't know (8)

WT3.A2 – (**If yes**) How often did the child breastfeed yesterday during the day?

WT3.A3 – (**If yes**) How often did the child breastfeed yesterday during the night?

WT3.A4 – Since the last time we spoke, please describe anything else that \_\_\_\_\_ (**NAME**) has received besides breastmilk. (**Probe**): This can be something given by you or another household member, given during the day or night, or given at home or outside the home.

**Begin by asking about and listing all other liquids and solids. Then proceed with each one mentioned and ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling, grandmother, or someone else is regularly feeding the child, write brief note about what she says.**

Type of liquid/food (specify ingredients if a mixture)	i. Did the child have it yesterday? (check No or Yes)	ii. How often did the child have it yesterday?	iii. How many days did the child have it in the past week?
a. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
b. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
c. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
d. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
e. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
f. _____	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week

WT3.A5 – Why did the baby get these kinds of foods? Who decides/gives these foods? **(Probe on each liquid or food she mentioned above. If she gives different reasons for different items, list reasons out separately.)**

Now I would like to ask you about some different liquids and foods which we have not yet discussed. These may not be something that you ever give your baby and that is fine. But if you did since the last time we spoke, I would like to know more.

**(Reading from the list of foods below, ask about each food which has NOT already been mentioned spontaneously above by the woman)**

WT3.A6 – Since the last time we spoke has \_\_\_\_ **(NAME)** ever had any \_\_\_\_ **(ITEM BELOW)**?

**(Probe):** This can be something given by you or another household member, given during the day or night, or given at home or outside the home.

**Begin by asking about and listing all other liquids and solids. Then proceed with each one mentioned and ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling, grandmother, or someone else is regularly feeding the child, write brief note about what she says.**

<b>Type of liquid/food</b>	i. Did she already mention above? <b>(If yes, check and skip)</b>	ii. Did the child have it yesterday? <b>(check No or Yes)</b>	iii. How often did the child have it yesterday?	iv. How many days did the child have it in the past week?
a. Plain water	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
b. Milk, such as tinned, powered, canned, or fresh animal milk	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
c. Juice	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
d. Porridge <b>(Probe and include homemade or pre-packaged)</b>	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
e. Other soft, semi-solid or solid foods	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
f. Medicines provided by the clinic or doctor	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week
g. Medicines provided by someone else, including tonics and traditional medicines (e.g. gripe water)	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	__ __  times yesterday	__ __  days in the past week

WT3.A7 – Why did the baby get these kinds of foods? Who gives these liquids or foods? **(If she gives different reasons for different items, list reasons out separately.)**

WT3.A8 – When do you plan to give your baby a new food or liquid? What will you give? **(Probes)** Why? How will you know the child is ready?

## **B. RECALL OF PRACTICES**

**Interviewer:** “I would like to learn how breastfeeding has been for you since the last time we spoke. How has it been going?”

**WT3. B1** – “I would like to learn from you if you tried anything new since the last time we talked and how that went. Please tell me about anything you decided to try when we talked last time.”

**(After she lists what she tried, probe):** “Anything else?”

**(Write down what she says):**

## **C. OUTCOME OF TRIAL**

We want to learn from you, so we would really like to hear your honest opinion. We are not testing you. Many women are not able to give only breastmilk up to 6 months, like you have been doing and plan to do. We would like to learn from you about your experiences. So please feel free to tell us what you really experience with breastfeeding your baby.”

## **D. RECOMMENDATION FORM**

WT3.D2 – What are your reasons for giving your baby only breastmilk? **(Probe to understand her reasons, but be careful not to seem critical. We want her to be comfortable talking about what she did not do or didn't like)**

WT3.D – What makes it easy for you to be able to give your baby only breastmilk, and not any other food or liquid?

WT3.D9 – What difficulties do you face in giving your baby only breastmilk?

WT3.D11 – What do people you know say about giving only breastmilk to your baby? **(Probes):** What did family members say or do? What did other people in the community say or do?

**(Probe about discouragement from others, lack of support from others, pressure from family members to give other foods.)**

WT3.D4 – Do you think other mothers in this community would be able to do this?

**(Probes):** Why or why not?

WT3.D – What might make it difficult for other mothers in this community to give only breastmilk until 6 months?

WT3.D – What might help women in this community give only breastmilk to their babies until 6 months?

WT3.D13 – What would you tell other women in this community about this practice, based on your experience?

WT3.D14 – Will you continue to give your baby only breastmilk until 6 months?

**(Probes):** Why or why not? **(If no)** What do you think will make it hard for you to continue giving only breastmilk until 6 months?



**E. CHILD FEEDING AND SOCIAL SUPPORT**

WT3.E1 – Please tell me about any other changes in feeding this child. **(Write response):**

WT3.E2 – Please tell me about any changes in how your family supports you or helps you with your work, including caring for your child. **(Write response):**

**(If she received support, probe):**

- Who helped you?
- What did they do?
- What did you like about it?
- What didn't you like about it?
- Would you like them to continue to support you?
- What other kinds of support would help you to breastfeed your baby exclusively?

**(if she did not receive support, probe):**

- What kinds of support would help you breastfeed your baby exclusively?

**F. CLOSING OF INTERVIEW.**

“Thank you very much for spending time with me and answering my questions. I really encourage you to try and continue these practices to improve breastfeeding. I hope everything will go well for you and your family.”

WT3.F1 – “Do you have any questions or comments?” **(Record them):**

“Thank you very much for your participation in the study.” **(Offer counselling or additional information as needed)**

**WT3. F2 – Time finished:** \_\_\_\_ \_\_\_\_ : \_\_\_\_ \_\_\_\_

**INTERVIEWER’S REMARKS (CIRCLE ALL THAT APPLY)**

<p><b>WT3.F3 – Was anyone else present during the interview?</b>                  No one else was present.....1                  Respondent’s husband.....2                  Children.....                  3                  Parents.....                  4                  Other adults.....5</p>	<p><b>WT3.F4 – In general, what was the respondent’s attitude during the interview?</b>                  Cooperative, interested                  .....2                  1                  Cooperative, but not very interested.....2                  Impatient, rushed.....3                  Worried/trying to give right answer.....4                  Annoyed.....                  5                  Shy, hesitant to answer.....6</p>	<p><b>WT3.F5 – Did the respondent understand the questions?</b>                  Understood well.....1                  Did not understand very well.....                  2                  Understood poorly.....3</p>
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**WT3.F6 – INTERVIEWER COMMENTS AFTER INTERVIEW:** What are your perceptions? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

## Supplementary Materials A.2 – Men’s Interview Guides

### Focus Group Discussion (T1) Guide for Men

Date of FGD: \_\_\_\_\_ Facilitator Name or ID: \_\_\_\_\_

Community/Location: \_\_\_\_\_ Supervisor Name or ID: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

MT1.Start – Time started: \_\_\_\_: \_\_\_\_: \_\_\_\_ FGD ID: |\_\_|\_\_| - FGD (region ward – FGD)

**Instructions. Screen and consent all fathers prior to starting the focus group discussion. Before the moderator begins, gather information on the youngest baby’s name and age for each participant to make it easier to facilitate discussion.**

	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
Father’s ID number										
If in TIPs, note interviewer code										
Name of youngest child										
Age of youngest child (specify days or months old)										

#### A. Focus Group Discussion: Question Guide

##### (The moderator welcomes all to the session)

“Greetings and welcome. Thank you all for volunteering to participate in the study. As we told you, as part of this study, today we want to learn your ideas about feeding babies and caring for your family. We realize you all are busy and we appreciate your time. Your honest opinions and suggestions are important to us. They will help us plan programs to help families feed babies well and keep babies healthy. As you know, this discussion is voluntary. We will discuss some guidelines for having a good discussion. Before I begin, what questions do you have about this group discussion?”

##### (Answer everyone’s questions and make sure they are comfortable before beginning the discussion)

“Here are some guidelines to help us have an enjoyable discussion. Please try to keep these in mind.

- Only one person should speak at a time so we can hear everyone’s opinion. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers. We are not trying to test anyone’s knowledge or ability.
- You do not have to speak in a particular order.
- You don’t have to agree with the views of others in the group. You can express your own view. But please do so respectfully. We are interested in hearing different honest views.
- Please keep this discussion private and do not repeat what you hear to people outside of this group. This is research data and is confidential.”

MT1.A1 “Do you have any questions?” **(Answer any questions and then proceed with the warm up question).**

**Begin Recording**

“As you agreed, we will be recording this discussion and my friend will be taking notes. This will allow us to review what you said again later so that we are sure to get the details of your ideas and opinions.”

“Okay! Let us start by introducing ourselves. Please tell us your name and your baby’s name.”

MT1.A2 “Let us begin our discussion with something we feel good about. Please tell us what you most like to do when you are not working?” **(If the group is not participating in the discussion, the moderator may encourage participation by sharing his or her own experiences)**

**(Note if men mention any involvement with children in their answers. If so, please link the next question to the response. Otherwise, proceed with the next question below.)**

**B. FGD Questions**

“Today we want to learn from you about families in this community. You all are proud fathers of a young baby, so please tell us ...

- MT1.B1 – What hopes do you have for your baby?
- MT1.B2 – What do you hope your baby to be when s/he grows up?”

MT1.B3 – **(Listen for responses related to health and well-being that you can return to and ask):**

“Someone mentioned the baby’s health. What do others think about that?”

MT1.B4 – **(If health is not mentioned, introduce a probing line like):** “You all talked about many things, what about the health of the baby?”

**(Wait for answers about the health of the baby and then ask):**

- MT1.B5 – What does a baby need most to be healthy and happy?
- MT1.B6 – What can the family do to keep the baby healthy and happy?

**(Similarly, if no one mentions food, probe):**

- MT1.B7 – What about food? What kinds of foods and liquids should a baby have? **(Probe):** Why?
- MT1.B8– Who in a family takes responsibility for seeing that the child is well fed? **(Probe):** Anyone else? What do they do?
- MT1.B9 – What difficulties do mothers face when it comes to caring for and feeding a young baby? **(Probes):** What about breastfeeding? What challenges do women face to breastfeed?

**The Story of Nuru**

“Thank you for your participation in the discussion. I will now tell you a story of a family and would like you to help fill in the story with your ideas.

“Within this region there is a small village where a man named Amani (father) was living happily with his wife, Nuru, and their three children named Bahati, Furaha, and Masele. Bahati was 4 years old, Furaha

was 2 years old, and Masele was 3 and half months old. Nuru, the mother was taking care of cooking, household chores, the family farm and the livestock. Her workload often kept her busy while she was at home or kept her away from home during the day, while she tended to the farm. She found it very difficult to find time to breastfeed the baby enough throughout the day. The baby was not getting enough breast milk to grow well and stay healthy.”

**(Stop here. Ask the following questions about Nuru and her family).**

### **C. Participant Response to Nuru’s Story**

- MT1.C1 – If Nuru, the mother, is taking care of most of the household chores and household farming activities, what do you think Amani is doing each day? **(Probe):** What else?
- MT1.C2 – What will happen to baby Masele if she continues to be fed poorly? **(Probe):** Why?
- MT1.C3 – What can be done so that baby Masele is better fed? How could breastfeeding be improved?

**(If men make suggestions that we would not recommend, such as giving cow’s milk or porridge, the facilitator may ask why they think that would be good, etc. without agreeing to the suggestion)**

### **The Introduction of Msemakweli**

“...One day Amani’s brother Msemakweli who lived in a nearby town visited Amani’s family. Everybody in the village liked Msemakweli. Nuru and Amani were very happy to receive Msemakweli. Msemakweli was happy to see the baby, in fact it was Msemakweli who suggested the name for Masele when she was born. Msemakweli saw baby Masele getting thinner and weaker day by day. He observed how Nuru was overloaded with several chores and unable to breastfeed the baby regularly. Msemakweli thought of his own very healthy baby who was now 5 months old. Msemakweli and his wife learned from the nurse that in order to grow and be healthy, their baby should only have breastmilk for the first 6 months and that his wife needed to breastfeed often and long enough to satisfy the baby. Msemakweli talked to his brother about the importance of giving only breastmilk to a young baby and not giving any water or additional foods before 5 months of age. He explained how important this was and that sometimes mothers need help to be able to breastfeed frequently throughout the day. Msemakweli came up with some suggestions for Amani to help Nuru breastfeed well...”

**(Stop here and ask the questions below on possible solutions)**

### **D. Participant Response to Msemakweli’s Story**

- MT1.D1 – What suggestions do you think Msemakweli will give to his brother?
- MT1.D2 – Since baby Masele should only be drinking breastmilk in the first 6 months, Mama Nuru has to breastfeed more frequently so Masele gets enough milk. What could Amani do to ensure Nuru is able to breastfeed the baby? **(Probe):** Anything else?
- MT1.D3 – What could others in the family do to help Nuru breastfeed the baby? **(Probe):** Anything else?
- MT1.D4 – **(If needed, can probe):** What might make it difficult for Nuru to breastfeed the baby more often and longer? How could that problem be solved?

- MT1.D5 – If Msemakweli makes the suggestions to Amani that you have mentioned, which ones do you think Amani will agree to? **(Probes):** Why? Which suggestions will be difficult for Amani to try? Why? What might prevent Amani from supporting his wife in these ways?

**(Probe on the most relevant ideas if not already discussed)**

- MT1.D6 – What will community members say about Amani if he supports Nuru in the ways you have suggested? **(Probes):** Why? If Amani does not take Msemakweli’s suggestions and baby Masele continues to become thin, what will community members say?
- MT1.D7 – Who else might Amani respect who could give him advice about supporting his wife or feeding the baby? **(Probes):** Religious leaders, peers, community leaders, political leaders, parents, mother, other family members? What advice or support would Amani like to receive from them?
- MT1.D8 – What else would motivate Amani to support Nuru? Why?
- MT1.D9 – Based on our discussion today, please tell me in your own words, how will the story end?

**(If not already discussed, probe to understand men’s own views of their family)** “Thank you for your good ideas about this story. I’d now like you to think about your own families and your own experiences...”

- MT1.D10 – What do you do to support your wife or help her to breastfeed? **(Probe):** Which of the suggestions we discussed are things you already do at home?
- MT1.D11 – What new practices would you be willing to try which would encourage your wife to breastfeed more? **(Probe):** What might be difficult about trying these? Why?
- MT1.D12 – Which ideas would you not want to try to do? **(Probes):** Why not?
- MT1.D13 – What could others do to support your wife to breastfeed more?
- MT1.D14 – In what ways could you encourage others to support your wife? **(Probes):** Would you be willing to do this? Why or why not?

## E. CLOSING

MT1.E1 “Thank you for your participation in this discussion. Is there anything else you would like to discuss? Do you have any questions about our discussion today or about this study?”

**(Ask if the note taker needs clarification on any points or is missing any information. As appropriate, clarify any misunderstandings among the fathers about the importance of exclusive breastfeeding. Thank the group for their time and valuable suggestions)**

MT1.E2 Time ended: \_\_\_\_ : \_\_\_\_

MT1.E3 **MODERATORS’ COMMENTS AFTER THE DISCUSSION:** What are your perceptions? For example, did the participants appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went:

## EBF TIPS INTERVIEW 2 GUIDE for MEN

### Household Trials Counseling Visit

Date of Interview: \_\_\_\_\_ Interviewer Name or ID: \_\_\_\_\_

Community/Location: \_\_\_\_\_ Supervisor Name or ID: \_\_\_\_\_

Participant ID Code: |\_\_|\_\_| - |\_\_|\_\_| - M - |\_\_| Visit code: T2

region ward- household W- interviewer

Did Father participate in a focus group? (Check one) No \_\_\_\_\_ Yes \_\_\_\_\_

Baby's name: \_\_\_\_\_ Baby's Age: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

MT2.Start Time started: \_\_\_\_ : \_\_\_\_

**Interviewer Instructions. Greet the father and review what you will be talking about today. Mention the previous Focus Groups Discussion and explain that we want to learn more detail about what happens in his own family related to infant feeding.**

#### A. CURRENT PRACTICES AND CHALLENGES

**Note to interviewer: The main goal of this section is to see who the father views as having roles in caring for and feeding the baby, and if father mentions any role for himself spontaneously. Then, if not, to probe on his view of his role.**

MT2.A1 – I would like to talk about your family, especially your baby \_\_\_\_\_ (**NAME**). How do you feel the baby is doing? How is \_\_\_\_\_ (**NAME**) health?

MT2.A2 – Who takes care of \_\_\_\_\_ (**NAME**)? (**Probe**): Who else helps?

MT2.A3 – What do different people do to care for and feed the baby? (**Probe**): What do you do to make sure \_\_\_\_\_ (**NAME**) is well cared for?

MT2.A4 – Having a new baby can be challenging in many ways. What difficulties do you and the child's mother face when it comes to caring for and feeding \_\_\_\_\_ (**NAME**)?

MT2.A5– (**Probe, if this has not come up and been discussed already**) What does the baby eat and drink? What are all the foods and liquids given to the baby? Who decides what foods/liquids to give the baby?

MT2.A6 – How well is \_\_\_\_\_ (**NAME**) breastfeeding? Have you heard anything from the baby's mother or other family members about how breastfeeding is going? (**Probe: what challenges have you heard about?**)

#### B. COUNSEL THE FATHER

**Provide brief motivational counseling around the importance of exclusive breastfeeding:**

“We are talking to people in this community about the best way to feed babies. Until the baby is 6 months old, he or she should be given only breastmilk, and no water, other liquids or porridge, etc. This is the best food to keep babies healthy and well-nourished. Babies don't need any water or other foods, and giving any of these can lead to illness or other problems. This is exclusive breastfeeding and doctors say it is best for all babies until 6 months.”

MT2.B1 – What do you think about this advice?

MT2.B2 – Do you think your wife could breastfeed \_\_\_\_\_ (**NAME**) exclusively until 6 months? Why or why not?

MT2.B3 – How do you support your wife to breastfeed \_\_\_\_\_ (**NAME**)? How did you feel about doing these things?

### C. PROBLEM SOLVING

What you have told me so far about feeding \_\_\_\_\_ (**NAME**) is... (Summarize what foods and practices were mentioned, challenges, support from family, etc.)

MT2.C1 – Is that correct? Do you want to add anything? (Write summary points below of current situation and any other relevant points for identifying problems and solutions)

**MT2. C2 – Below, check off any practices, problems or attitudes mentioned:**

- 1. Fear that milk is not good quality or not enough
- 2. Lack of time to EBF
- 3. Baby cries after feeds or cries often
- 4. Giving porridge or other foods
- 5. Pain while feeding
- 6. Ill baby, poor appetite, refuses breast
- 7. Giving traditional medicines
- 8. Giving water
- 9. Mother is ill/taking medicine
- 10. Child given tastes when interested in foods/liquids
- 11. Others (specify) \_\_\_\_\_

**Counsel the father:** “Thank you for your responses so far. A baby’s health is important to both mother and father.

Sometimes mothers face challenges with breastfeeding and need support from their families. Let’s talk about ways that fathers can help mothers to breastfeed exclusively so babies grow strong and healthy.”

### D. RECOMMENDATIONS TO IMPROVE INFANT FEEDING PRACTICES

(BEFORE this interview, list 1-3 problems identified from the discussion with the mother or that are expected based on child age, etc. Do NOT report the mother’s responses to the father but keep them in mind as well as the information the father mentioned and the problems you checked off above.)

**Identify recommended feeding practices, saying:**

“It would be good for your baby if your wife could try to breastfeed exclusively. That would mean...”

(Based on pre-prepared list of problems and above checklist, briefly summarize priority ways to move closer to exclusive breastfeeding, e.g. stop giving water, porridge or other food, traditional medicine, feed more often, longer, etc.)

MT2.D1 – “What ideas do you have about how you could help your wife to solve these problems? How can you support your wife to breastfeed exclusively?” (We want to get his ideas first, then adjust list of recommendations below, to include his ideas when relevant)

Discuss question above with father, guiding him to think about his own role, not just what the mother should do. Combine father’s ideas with recommendations in the Counseling Guide for Men to come up with 4-5 practices from guide to test. List recommendations and # from the guide that fit best with what is suggested. You/father may have more specific ideas than what’s listed in the counseling guide and can write details in the space provided. (You may ask him to give you a few minutes to prepare)

#M \_\_\_\_\_

#M \_\_\_\_\_

#M \_\_\_\_\_

#M \_\_\_\_\_

#M \_\_\_\_\_

“Based on what you told me, I have some suggestions to discuss with you. We will talk about many options and you are free to choose which you like and which you don’t like. We will ask your opinion on each one first, but at the end you can decide whether you want to try any of them.”

**Use the Willingness Sheets below to record as much detail as possible on father’s responses to each recommendation (how he reacts, why willing or unwilling to try).**

**Use the counseling guide for men to provide brief specific information related to motivations for the practices**

#### **D.1. WILLINGNESS SHEET**

MT2. D1 – Recommended Practice # \_\_\_\_\_

MT2. D2 – Recommended practice description from counseling guide:

MT2. D3 – Specific options suggested:

MT2. D4 What do you think about this idea?( Father’s initial response):

MT2. D5 – Would you be you willing to try this recommendation? (check one) No \_\_\_\_ Yes \_\_\_\_

MT2. D6 –What do you like about this idea? What makes it possible to do this?

MT2. D7 – What don’t you like about this idea? What might make it difficult?

**Insert as many additional Willingness sheets as needed.**

#### **D.2. SELECTION**

**After completing willingness sheets on each recommendation, negotiate with the father to choose the new practices he wants to try for the next 2-3weeks. Explain that you will be coming back to get his opinion on the new practices.**

“We want to learn what people think when they try these suggestions at home. If you agree, you can choose something new to try for 2 weeks and then I will come back to ask how it went. Would you like to try any of the ideas we have talked about? If yes, what would you like to try?” (If needed, remind him of the ones he said he would be willing to try.)

“It is important to choose something that seems possible for you and that you would like to try...”

(If he chooses many practices, you can say: “I’m glad you are so motivated but It is easier not to try to change everything at once, Which practices do you most want to try?”)



MT2.D8 – List the ones he chooses to try and ask questions below about the set of recommendations he has chosen.

MT2. D9 – How would you want to change the recommendation to make it easier or better for you and your family? **(Probe):** What might help you to try this new practice?

MT2. D10 – Let’s talk about any challenges you might face because changing behavior is difficult. What might make it difficult to try this? **(Probe):** What are reasons you might not want to do this? **(Help him plan ahead and prepare for possible problems.)**

MT2. D11 – What might people you know think about you trying the new practice?

**(Probes):**

Who? (family, neighbors, others in community).

What might they do?

What might they say?

How do you feel about their reactions?

**Insert additional sheets as needed.**

**FINAL AGREEMENT AND REVIEW**

MT2.E1 – “To wrap up, please tell me what you have decided to try over the next two weeks.” **(Make sure he understands and agrees. Summarize in his own words what the father has agreed to try below.)**

	i. Recommendation number	ii. Detail of what he will try (write in space)
a.		
b.		
c.		

MT2.E2 – Total number of Recommendation Sheets filled out: \_\_\_\_\_

MT2.E3 – “Do you have any questions or comments?” **(Record them and make sure all the details of preparation are clear).**

**Write what he is going to try on a Reminder slip and give it to him to keep.**

**Arrange a date for follow-up in about 2 to 3 weeks. Ask the father when is a convenient time of day to meet him and try to arrange that he will be home when you return.**

MT2.E4 Follow-up visit arranged for: \_\_\_\_\_

**E. CLOSING OF INTERVIEW.**

“Thank you very much for spending time with me and answering questions. I really encourage you to try the new practices we discussed which will help your wife to breastfeed. I hope trying out these new ideas go well for you. When we talk next, I will be eager to learn from you what happened when you tried the new practices and what you think about them. I look forward to hearing about your experiences.”

**MT2.F1 – Time finished:** \_\_\_\_ \_\_\_\_: \_\_\_\_ \_\_\_\_

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**INTERVIEWER’S REMARKS (CIRCLE ALL THAT APPLY)**

**MT2.F2 – Was anyone else present during the interview?**

- No one else was present.....1
- Respondent’s wife.....2
- Children.....3
- Parents.....4
- Other adults.....5

**MT2.F3 – In general, what was the respondent’s attitude during the interview?**

- Cooperative, interested .....1
- Cooperative, but not very interested.....2
- Impatient, rushed.....3
- Worried/trying to give right answer.....4
- Annoyed.....5
- Shy, hesitant to answer.....6

**MT2.F4 – Did the respondent understand the questions?**

- Understood well.....1
- Did not understand very well.....2
- Understood poorly.....3

**MT2.F5 – INTERVIEWER COMMENTS AFTER INTERVIEW:** What are your perceptions? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

**EBF TIPs INTERVIEW 3 GUIDE for MEN**  
Household Trials Follow-Up Visit

Date of Interview: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_

Community/Location: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Participant ID Code: |\_\_|\_\_| - |\_\_| - W- |\_\_| Visit code: T3

region ward- household W- interviewer

Baby's name: \_\_\_\_\_ Baby's Age: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

MT3.Start – Time started: \_\_\_\_ : \_\_\_\_

**Interviewer Instructions. Greet the father and ask him how he has been doing.**

**Reminder to the father:** “I wanted to remind you that being in this study is your choice and you can decide not to answer any question that makes you uncomfortable. Remember I want to learn from you. Your responses will be used to make programs better for families in your community so feel free to answer my questions honestly. I will not be offended.”

**A. RECALL OF PRACTICES**

**MT3.A1 – Interviewer:** “I would like to learn how you and your family have been since the last time we spoke. How has it been going?” **(If not already mentioned):** “Please tell me what you decided to try after we talked last time.” **(Write down what he says):**

**B. OUTCOME OF TRIAL**

“I would like to learn from you if you tried anything new since the last time we talked and how that went.”  
**Refer to the summary of the agreement made with the father at the last interview.**

“Let’s talk about the recommended practices you mentioned. Remember we want to learn from you if these ideas are useful so we would really like to hear your honest opinion. We are not testing you. We are testing our recommendations. If you did not try a practice, that is fine, we would like to learn the reasons. Or if you did not like it, that is also fine. Please feel free to tell us what really happened.”

**Using the Recommendation form below, ask the questions listed about each practice he agreed to try and any new practice he started since the last interview. Start with the first practice he mentioned and fill in sheet in detail. Probe for reasons why and make detailed notes. Fill in separate forms for each practice.**

**C. RECOMMENDATION FORM**

MT3. C1 – Recommended Practice # \_\_\_\_\_

MT3. C2 – Specific options suggested:

MT3.C3 – “Did you try it?” **(Check one)**      No \_\_\_\_\_ Yes \_\_\_\_\_

**(If NO)**

MT3.C4 – What are your reasons for not trying it? **(Probe to understand his reasons, but be careful not to seem critical. We want him to be comfortable talking about what he did not do or didn’t like)** help them to do this

MT3.C5 – Are there any situations in which you plan to try it in the future?

MT3.C6 – Do you think other fathers in this community would be able to do this? **(Probes):** Why or why not? What might make it difficult for them? What might help them to do this?

**(Skip section below and move to next recommendation on a clean sheet)**

**(If YES, even with modifications):**

MT3.C7 – How did it go for you?

MT3.C8 – How did the mother respond? **(Probe on any other family member who may have been involved in this practice, for example, the mother-in-law)**

MT3.C9 – How often did you use the practice?

MT3.C10 – What did you like about trying this practice? What benefits did you notice?

MT3.C11 – What difficulties did you face in trying this practice? What did you not like about it?

MT3.C12 – Did you change the recommendation in any way to make it easier or better for you or your family? **(If yes)** How did you change it? Why did you change it?

MT3.C13 – What did people you know say about it? **(Probes):** What did family members say or do? What did other people in the community say or do?

MT3.C14 – Do you think other fathers in this community would be able to do this? **(Probes):** Why or why not? What might make it difficult for them? What might make it easy?

MT3.C13 – What would you tell them about this practice, based on your experience?

MT3.C14 – Will you continue the recommended practice? **(check one)** No \_\_\_\_ Yes \_\_\_\_

MT3.C15 – **(Probes):** Why or why not? **(If yes)** How often will you do it?

**Insert additional sheets for as many recommendations as are needed.**

#### **D. OTHER CHANGES**

MT3.D1 – “Since the last time we spoke, did you try doing anything else to help your wife and to support child feeding? **(If yes):** Please tell me about what you did. **(Use a new recommendation form to probe on details of anything else he did that was not already discussed.)**

MT3.D2 **(If not already discussed):** Have you noticed any changes in how your wife breastfeeds \_\_\_\_\_ (name) since we last met? What has changed?

**(Probes)**

- What is your opinion about this change?
- What changes have you noticed with your baby?
- If you and your wife have talked about breastfeeding since our last visit, what have you discussed?

**E. CLOSING OF INTERVIEW**

“Thank you very much for spending time with me and answering my questions. I really encourage you to try and continue these practices in a way that works for you and helps your wife to breastfeed. I hope everything will go well for you and your family.”

MT3.E1 – “Do you have any questions or comments?” **(Record them):** \_\_\_\_\_

“Thank you very much for your participation in the study.” **(Offer counselling or additional information as needed)**

MT3.E2 – **Time finished:** \_\_\_\_ \_\_\_\_: \_\_\_\_ \_\_\_\_

<b>INTERVIEWER’S REMARKS (CIRCLE ALL THAT APPLY)</b>		
<b>MT3.E3 – Was anyone else present during the interview?</b>	<b>MT3.E4 – In general, what was the respondent’s attitude during the interview?</b>	<b>MT3.E5 – Did the respondent understand the questions?</b>
No one else was present.....1	Cooperative, interested .....1	Understood well.....1
Respondent’s wife.....,2	Cooperative, but not very interested.....2	Did not understand very well.....2
Children.....3	Impatient, rushed.....3	Understood poorly.....3
Parents.....4	Worried/trying to give right answer.....4	
Other adults.....5	Annoyed.....5	
	Shy, hesitant to answer.....6	

**MT3.E6 – INTERVIEWER COMMENTS AFTER INTERVIEW:** What are your perceptions? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.