

Knowledge and Factors Affecting Exclusive Breastfeeding Practice among Women in Nawabshah, Sindh, Pakistan

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Study on Maternal Knowledge and Practices of Breastfeeding

Name: _____

Address: _____

Section A: Socio-Demographic Information

A1. What is your current age?

- 18-22 years 23-27 years 28-32 years
 33-37 years Above 37 years

A2. What is your area of residence?

- Urban Rural

A3. What is the highest level of education you have completed?

- Illiterate (Cannot read or write) Primary School
 Secondary School Higher Secondary School
 Graduate or above

A4. What is your primary occupation?

- Housewife Government employee
 Daily wager Other (please specify): _____

A5. How would you describe your family's socioeconomic status?

- Lower Middle
 Upper

Section B: Breastfeeding Knowledge and Practices

B1. Are you currently breastfeeding your child?

- Yes No

B2. For how many months in total did you breastfeed your child?

- 1 – 6 months 7 – 12 months
 13 – 18 months 19 – 24 months

B3. Have you ever heard of the term “Exclusive Breastfeeding” (EBF)?

- Yes No

B4. If yes, from whom did you hear about it?

- Health care provider (Doctor, Nurse) Family (Husband, Mother, Mother-in-law)
 Relatives/Friends Social media
 None

B5. Did you practice Exclusive Breastfeeding (giving only breast milk, no other food or water) for the first 6 months of your child's life?

- Yes No

B6. How soon after delivery did you first put your baby to the breast?

- Immediately (within 1 hour) Within 24 hours
 After 1-2 days More than 2 days later

B7. Do you believe Exclusive Breastfeeding is good for an infant's health?

- Yes No

B8. Do you believe Exclusive Breastfeeding can help prevent diarrhea in infants?

- Yes No

Section C: Colostrum Feeding Practices

C1. After you gave birth, did you feed the first thick, yellowish milk (colostrum) to your newborn?

- Yes No

C2. Do you have any knowledge about colostrum?

- Yes No

Section D: Complementary Feeding Practices

D1. Did you feed your child anything other than breast milk within the first 6 months of life? (e.g., water, animal milk, formula, honey, etc.)

- Yes No

D2. If yes, what did you give your child?

- | | |
|--|--|
| <input type="checkbox"/> Animal milk (Cow, Buffalo, Goat milk) | <input type="checkbox"/> Packaged/Powdered milk (Infant formula) |
| <input type="checkbox"/> Water | <input type="checkbox"/> Guthi (Traditional pre-lacteal feed) |
| <input type="checkbox"/> Water and Guthi | <input type="checkbox"/> Guthi and other milk |
| <input type="checkbox"/> Biscuits/Solid food | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Didn't give anything except breast-milk | |