Alive & Thrive

Rapid Assessment of Knowledge and Practices regarding Maternal, Infant and Young Child Nutrition (MIYCN) among the Obstetricians and Paediatricians working in Private Health Care Establishments (HCE).

Online Providers Survey Questionnaire – Paediatricians

Indian Association of Preventive and Social Medicine (IAPSM)

LIST OF MODULES

MODULE A. IDENTIFICATION 2
MODULE B. GENERAL PROFILE 4
MODULE C. KNOWLEDGE RELATED QUESTIONS 6
MODULE D: PERCEPTIONS 8
MODULE E. TRAINING RELATED QUESTIONS 8
MODULE F. PRACTICE RELATED QUESTIONS 10
MODULE G. WILLINGNESS AND CHALLENGES 13
MODULE H: ENDING THE INTERVIEW 13

Quantitative tool for Paediatricians:

MODULE A. IDENTIFICATION

SECTION I: IDENTIFICATION (ID)			
INSTRUCTIONS: *This is an online survey. Please fill information about place of your work before proceeding further.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
ID1	STATE CODE (PLEASE SELECT FROM THE LIST)	☐☐	
ID2	DISTRICT CODE (PLEASE SELECT FROM THE LIST)	☐☐☐	
ID3	SUB-DISTRICT CODE (PLEASE SELECT FROM THE LIST)	☐☐☐☐ **IF OTHER (PLEASE SPECIFY_____)**	
ID4	SECTOR (METRO CITY / TOWN / VILLAGE)	METRO CITY.....1 TOWN.....2 VILLAGE.....3	
ID5	CURRENT PLACE OF WORKING NAME OF THE CITY/TOWN/VILLAGE		
ID6	POSTAL CODE (PIN CODE) OF THE AREA	☐☐☐☐☐☐	
ID7	AGE OF THE RESPONDENT (IN COMPLETED YEARS)	18 to 29 years of age.....11 30 to 39 years of age.....12 40 to 49 years of age.....13 50 to 59.....14 60 to 69.....15 70 or older.....16 REFUSED.....98 DON'T KNOW.....99	
ID8	GENDER OF THE RESPONDENT ***SINGLE RESPONSE***	MALE.....1 FEMALE.....2	
ID9	DATE OF SURVEY	D D M M Y Y	

SECTION II: SCREENING QUESTIONS			
INSTRUCTIONS: *Please answer below screening questions before moving to the main survey questionnaire*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
SQ1	ARE YOU A QUALIFIED PAEDIATRICIAN?	YES .....1 NO 2	1 → SQ2 2 → Mod K
SQ2	ARE YOU (THE RESPONDENT) AGE 18 OR OVER?	YES .....1 NO 2	1 → SQ3 2 → Mod K
SQ3	ARE YOU CURRENTLY AN ACTIVE MEMBER OF IAP?	YES .....1 NO 2	
SQ4	ARE YOU PROVIDING SERVICES AT A PRIVATE HEALTH CARE FACILITY?	YES .....1 NO 2	
SQ5	ARE YOU THE PAEDIATRICIAN AND UNIQUE RECIPIENT TO WHOM THE ORIGINAL EMAIL INVITING TO PARTICIPATE IN THIS SURVEY WAS SENT?	YES .....1 NO 2	

INSTRUCTIONS: *Review in detail the consent form before proceeding to the next screen.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
SQ6	I HAVE SUFFICIENTLY REVIEWED THE CONSENT FORM GIVEN IN THE BEGINNING OF ONLINE QUESTIONNAIRE, THIS ANSWER ALL MY QUESTIONS REGARDING THE STUDY, AND I AGREE TO TAKE PART IN THIS ONLINE RESEARCH STUDY?	YES .....1 NO.....2	1 → HL1 2 → Mod K

MODULE B. GENERAL PROFILE

SECTION I: GENERAL PROFILE (GP)			
INSTRUCTIONS: *In this Module, we will be collecting general information about you as a provider.* *Please continue to the next screen.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
GP1	***19 DIGIT UID FOR RESPONDENT DOCTOR (AUTOGENERATED)***	**ID1(2 DIGITS) +ID2 (3 DIGITS) + ID3 (4 DIGITS) + ID4 (1 DIGIT) + ID6 (6 DIGITS) + ID7 (2 DIGIT) + ID8 (1 DIGIT)**	
GP2	HIGHEST EDUCATIONAL QUALIFICATION	PLEASE WRITE HERE	
GP3	PROFESSIONAL EXPERIENCE (IN COMPLETED YEARS)	☐☐ YEARS REFUSED ..... 98 DON'T KNOW 99	
GP4	**PROFILE OF FACILITY WHERE YOU ARE WORKING:** TYPE OF HEALTTH FACILITY WHERE YOU WORK (BASED ON OWNERSHIP): **(IF MULTIPLE PLEASE TICK MULTIPLE)**	PRIVATE ..... 1 TRUST/MISSION/FAITH-BASED ..... 2 GOVERNMENT/PUBLIC ..... 3 OTHER (SPECIFY) _____ 9	
GP5	TYPE OF FACILITY BASED ON SERVICES PROVIDED:	CLINIC ..... 1 POLYCLINIC ..... 2 NURSING HOME ..... 3 MULTISPECIALITY HOSPITAL ..... 4 MEDICAL COLLEGE HOSPITAL ..... 5 DISTRICT HOSPITAL ..... 6 SUBDISTRICT HOSPITAL ..... 7 OTHER FACILITY (SPECIFY) 9	
GP6	IF WORKING IN MULTIPLE PLACES WHICH IS THE WORKING PLACE OF PROMINENCE (ONLY ONE)		

GP7	WHAT TYPE OF SERVICES ARE PROVIDED INS: For this question provide information for only one facility (working place of your prominence) **(IF MULTIPLE PLEASE TICK MULTIPLE)**	ANC SERVICES.....A DELIVERY (NORMAL DELIVERY AND BASIC EMERGENCY OBSTETRIC CARE) .....B DELIVERY WITH COMPREHENSIVE .....C EMERGENCY OBSTETRIC CARE .....D NEWBORN CARE SERVICES .....E SURGICAL SERVICES INCLUDING CAESAREAN SECTION .....F CHILD IMMUNIZATION SERVICES .....G PREVENTATIVE & CURATIVE CARE SERVICES FOR U5 CHILDREN.....H NUTRITION RELATED SERVICES .....I COUNSELLING SERVICES.....J OTHER (SPECIFY) X	
GP8	ON AN AVERAGE HOW MANY PATIENTS COME TO YOUR FACILITY PER DAY INS: For this question provide information for only one facility (working place of your prominence) DON'T REMEMBER.....99	PAEDIATRIC OPD [___][___] PAEDIATRIC IPD/NICU [___][___] IMMUNISATION CLINIC [___][___]	
GP9	NUMBER OF HEALTH CARE STAFF IN YOUR HOSPITAL INS: For this question provide information for only one facility (working place of your prominence) DON'T REMEMBER.....99	OBSTETRICIAN [___][___] PAEDIATRICIAN[___][___] NURSES [___][___] DIETICIANS [___][___] COUNSELLORS [___][___]	

MODULE C. KNOWLEDGE RELATED QUESTIONS

SECTION I: KNOWLEDGE RELATED QUESTIONS (KN)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
KN1	After how much time cord clamping is done for new born delivered normally without any complications after birth?	Within 1 min after birth ……..1 1 – 2 mins after birth……..2 1 – 2 mins after birth……..3 >4 mins after birth ……..4	
KN2	What is the guideline for initiating breastfeeding for a new born in case of normal vaginal delivery?	Immediately after birth….1 Within one hour after birth….2 Within 4 hours after birth ….3 4 hours after birth ……4	
KN3	What is the guideline for initiating breastfeeding in a new born with C-Section delivery?	Immediately after birth….1 Within one hour after birth….2 Within 4 hours after birth ….3 4 hours after birth ……4	
KN4	Which of the following are the factors influencing the early initiation of breastfeeding?	Rooming in ..... 1 Skin to skin contact ..... 2 Non- nutritive suckling ..... 3 Providing pre-lacteal feed..... 4 All of the above ..... 5 Don't know……9	
KN5	Need to give water to breastfeeding new born with non-infectious fever in summers	Strongly agree……1 Agree……2 Disagree ……..3 Strongly disagree ……4 Can't say ……9	
KN6	In your opinion it is a normal practice to provide prelacteal feeds to newborn babies	Yes ..... 1 No ..... 2 Don't Know..... 9	
KN7	Mothers can breastfeed newborn in lying down positions.	Strongly agree……1 Agree……2 Disagree ……..3 Strongly disagree ……4 Can't say ……9	
KN8	Mother complaining of "No Milk" is a myth.	Strongly agree……1 Agree……2 Disagree ……..3 Strongly disagree ……4 Can't say ……9	
KN9	Incorrect attachment of baby to breast is the most common reason for lactation failure	True……1 False……2	
KN10	Prescribing formula milk should always be done with written consent from mother or family member	Strongly agree……1 Agree……2 Disagree ……..3 Strongly disagree ……4 Can't say ……9	

KN11	Who needs to be provided with Kangaroo Mother care?	Stable new born with birth weight above 2.5 Kg……1 Sick new born with birth weight above 2.5 Kg……2 Stable new born with birth weight below 2.5 Kg……3 Sick new born with birth weight below 2.5 Kg……4	
KN12	Child should be breastfed through both breasts during every feed?	Strongly agree……1 Agree……2 Disagree ……..3 Strongly disagree ……4 Can't say ……9	
KN13	Till what age (in months) should a child be exclusively given only breast milk?	Three months……..1 Four Months……..2 Five Months……3 Six months……4 Nine months……5	
KN14	Infants below 6 month's age need water in summer when it is hot?	Strongly agree……1 Agree……2 Disagree……3 Strongly disagree……4 Can't say……9	
KN15	Till what minimum age breastfeeding can be continued?	One year of age……1 Two years of age……2 Three years of age……..3 Five years of age……4	
KN16	From what age should the complementary feeds be initiated	Three months……1 Six months……2 One year……3 Don't know……9	
KN17	How many minimum different food groups need to be included in the daily diet of 8 months old child?	Three ….1 Four…2 Five ….3 Six …4 Seven……5 Do not Know……..9	
KN18	What feeding practice is correct for 10 months old child?	½ bowl smashed semi-solid food 3 times a day……1 Full bowl smashed semi-solid food 2 -3 times a day……2 ½ bowl smashed semi-solid food 4-5 times a day……3 ½ bowl smashed semi-solid food 2 times a day + breast milk……4	

MODULE D: PERCEPTIONS

P1	Do you think nutrition is an important / integral part of Maternal and child health services? (elaborate on the response)	Very Important……..1 Less Important……2 Not important at all……..3 Can't say……..4
P2	Do you agree or disagree on the following statement that – The MN & IYCN policy and guideline is applicable for Private Health care settings also along with for public health system?	Strongly Agree ……1 Agree ……2 Disagree ……3 Strongly Disagree……4 Can't say……..5
P3	Doctors do not have much critical role in improving the nutritional status of Pregnant women and Children.	Strongly Agree ……1 Agree ……2 Disagree ……3 Strongly Disagree……4 Can't say……..5
P4	Due you think counselling/education on nutritional aspects is also part of every Doctors responsibility	Strongly Agree ……1 Agree ……2 Disagree ……3 Strongly Disagree……4 Can't say……..5

MODULE E. TRAINING RELATED QUESTIONS

SECTION I: TRAINING RELATED QUESTIONS (TR)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
TR1	Have you received formal training in Maternal Infant Young Child Nutrition:	YES……1 NO ……2 DON'T KNOW ……9	
TR2	If yes, source of training:	UG curriculum ……1 PG curriculum ……2 CME……3 Self-study……4 Other(Specify)……8	
TR3	Do you feel the need for training/ refresher training?	YES……1 NO ……2 DON'T KNOW ……9	
TR4	Have you received any training on counselling or has been part of any of the training sessions that you have attended on health or nutrition topics?	YES……1 NO ……2 DON'T KNOW ……9	

TR5	Do You have a dedicated staff for providing nutrition counselling to pregnant women	YES..... 1 NO ..... 2 DON'T KNOW 9	
TR6	How many of the healthcare staff (including doctors and nurses) may have been trained in Nutritional aspects of Infant and young child feeding	None……1 Less than one fourth……2 More than one fourth but less than half……3 More than half but less than three-fourth……..4 More than three-fourth staff……5 Don't know……..9	

MODULE F. PRACTICE RELATED QUESTIONS

SECTION I: PRACTICE RELATED QUESTIONS (PR)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
PR1	DOES YOUR FACILITY HAVE OR FOLLOW ANY PROTOCOL FOR PROVISION OF MATERNAL AND CHILD SERVICES	YES..... 1 NO ..... 2 DON'T KNOW 9	
PR2	What protocols does your facility have regarding maternal and child services	ANC service provision……..1 ANC care protocol on Maternal nutrition services……2 Labour room protocols……3 Labour room or OT room protocols for early initiation of breastfeeding …… ……4 Protocols for Immunization services…….5 Protocols for counselling on breastfeeding & child nutrition during immunization……6 None of the above……7	
PR3	In your facility within how many hour/s is breastfeeding initiated after Normal delivery	Immediately after birth……1 After _____hour/……..2	
PR4	In your facility within how many hour/s is breastfeeding initiated for Caeserean section delivered newborn	Immediately after birth……1 After _____hour/……2	
PR5	How often do you prescribe formula feed to new born after delivery	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Can't say……9	
PR6	Are you aware of Infant Milk Substitute Act	YES..... 1 NO ..... 2 DON'T KNOW 9	
PR7	Is nutritional counselling a part of your or hospitals delivery of infant and child health services?	Yes……1 No……..2 Can't say……9	
PR8	Do you assess and support the Mother for breastfeeding in PNC ward during your rounds?	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Can't say……..9	

PR9	Do you think nursing staff assess and support the mother for breastfeeding during their rounds in the ward?	Always……1 Very often……2 Often……3 Rarely……..4 Never……5 Can't say……..9	
PR10	How important it is to provide counselling to child's father regarding breastfeeding & complementary feeding?	Least important..... 1 Not so important..... 2 Very important..... 3 Can't say……9	
PR11	Do you involve fathers in discussion during the education or counselling session with mothers on their child's breastfeeding and nutrition practices?	Yes, every time……1 Yes, most of the time…….2 Yes, not every time……3 Not at all……4	
PR12	How often do you assess the dietary or the feeding practices of ≤ 2 yr old attending your OPD	Always Very often Often Rarely Never Don't know	
PR13	Is education or counselling of mother on IYCN counselling part of your facilities paediatric service provision	Yes..... 1 No..... 2	
PR14	If No, Why do you think IYCN counselling NOT part of your facilities Paediatric service provision	List the reason	
PR15	If yes, how often do you talk about IYCN to the mothers /family members accompanying the child at the time of vaccination at your clinic?	Always……1 Very often……2 Often……..3 Rarely……4 Never……5 Don't know……9	
PR16	What different aspects of breastfeeding is part of your advice/counselling to the mothers with children in age group of 0 to 2 year?	Breastfeeding and its benefits……1 Correct attachment and positioning…….2 Exclusive breastfeeding till 6 months…..3 No water required during summer……4 Breastfeeding during illness……5 Addressing breastfeeding difficulties….6 Continuation of breastfeeding till two years of age……7 Any other aspect……8	

PR17	What different aspects of Complementary feeding is part of your advice/counselling to the mothers with children in age group of 0 to 2 year?	Timely introduction of complementary feeding……1 Complementary feeding dietary Diversity ….2 Recommended frequency and Quantity of Food……..3 Growth monitoring and promotion……..4 Nutrition during illness……..5 Any other aspect (Specify)……..6	
PR18	If yes, how often do you talk about IYCN to the mothers /family members accompanying the sick child in you OPD?	Always……1 Very often……2 Often……..3 Rarely……4 Never……5 Don't know……9	
PR19	What specific advice do you provide to a sick child?	Enlist a few	
PR20	Which standard tool do you use to monitor the growth parameters of a child ≤ 2 yr	WHO growth chart Revised IAP growth Chart Self designed growth chart Online growth calculators All of the above Don't know	
PR21	Which among the mentioned staff is engaged for education or counselling on IYCN	Nurses…. Dieticians….. Doctors……. Counsellor…… Others (specify)……	
PR22	Do you use any audio visuals or job aides to provide IYCN counselling	YES..... 1 NO ..... 2 DON'T KNOW 9	
PR23	Does your facility provide dedicated IYCN Counselling services	YES..... 1 NO ..... 2 DON'T KNOW 9	
PR24	Do you think a dedicated Nutrition or Lactation counsellor can be of value and beneficial for your facility	YES..... 1 NO ..... 2 DON'T KNOW 9	

MODULE G. WILLINGNESS AND CHALLENGES

SECTION I: WILLINGNESS AND CHALLENGES (WC)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
WC1	Are you willing to adopt IYCN guidelines in your facility?	YES..... 1 NO ..... 2 DON'T KNOW 9	
WC2	Is it feasible for you to adopt IYCN guidelines in your facility	YES..... 1 NO ..... 2 DON'T KNOW 9	
WC3	Will you face any challenges in adopting IYCN guidelines in your facility	YES..... 1 NO ..... 2 DON'T KNOW 9	
WC4	If Yes , can you enlist the challenges that you will face in adopting the IYCN guidelines in your facility :		

MODULE H: ENDING THE INTERVIEW

SECTION I: SURVEY RESULT			
Instructions: This is the end of the survey. Thank you for your valuable time and participation in this online survey. *Complete the next screens on your own.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
RESULT	*RECORD THE RESULT OF THE SURVEY.*	SURVEY COMPLETED .....11 SURVEY PARTIALLY COMPLETED .....12 REFUSED / DID NOT CONSENT .....97 OTHER (*SPECIFY*) 98	

Please submit the survey

Thanks