**SOCIO- DEMOGRAPHIC AND INTERVIEW INFORMATION:**

**INTERVIEW INFORMATION**

1.1 FGD ID: 1.5 Interviewer code

1.2 FGD date: 1.6 Note taker code:

1.3 FGD start time: 1.7 Group type:

1.4 FGD end time:

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| **Respondent number** | **Age** | **Education** | **Occupation** | | **Ethnicity** | **Religion** | **Caste** | **No. of children** | |
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**OBSSERVATION/NOTES**

**GUIDE: GRAND MOTHERS**

# Theme 1: Newborn care practices

1. What are the main things a newborn needs to stay healthy and well?
2. What are the signs of complication ( ill helath) in a new-born?
3. What are the signs that a newborn is healthy and doing well?
4. What newborn problems do people most fear?
5. When a baby is born what are the common activities and practices that take place in terms of feeding, bathing, other care? **Probe:** facility births and home births
6. What is usually done to prevent newborns from becoming cold?
7. What problems can happen if a newborn gets cold?
8. When a baby is seriously ill what measures are usually taken by the family members?

# Theme 2: Perceptions of small and early babies

1. How would families feel if a mother delivered in the 7th month of pregnancy? What about in the 8th month?
2. What problems can early babies have?
3. Is anything special done for babies that are born early? **Probe:** Bathing, feeding, massage thermal care, skin care, provision of medicines?
4. How would they feel if the baby was born on time but was very small?
5. If a baby born is small- what usually people do? Probe: to know how differently small babies are taken care when compared to the babies with normal size
6. At what weight a baby would be considered small?
7. What problems can small babies have?
8. Is anything special done for for small babies? **Probe:** Bathing, feeding, massage thermal care, skin care, provision of medicines?
9. Who makes decisions about what is done for small or early babies

* at the facility, and,
* at home?

1. Where (to which hospital) do babies with low birth weight are taken?
   * Why?
   * Who advice that?
   * Who make decision regarding that?
2. How do you normally learn about weight of the baby? Who tells you the weight of the baby, and when?

**Theme 3: Reaction to KMC**

The woman in the picture has had a small baby (low birth weight). She is in hospital after delivery, she is keeping the baby close to her body with the skin of the baby in contact with that to her **skin continuously in a day ( min one hour at stretch)** to keep them warm. This helps in breastfeeding and for the overall growth and development of the baby. This practice is referred as Kangaroo Mother Care (KMC)

1. Do you think people in the community would approve of this practice? Why and why not?
2. What concerns would they have about this practice? **Probe:** For mother, baby and for the household in general
3. How could you as a grandmother help with this practice? who else could help?
4. We want to give this practice a name that people will easily understand, what would you call this? What about ‘LOCAL TERM?’.

**Theme 4: Influencers and delivery channels**

1. Who in the household decides how newborns are cared for?
2. Who is involved in actually caring for the newborn? What is you role in new born care?
3. Who is asked (consulted for advice) for newborn care? **Probe** to if CHW ( ASHA, Anganwadi workers,+JHA) consulted
4. Where do you get information about health? Which source of advice do you trust most and why?
5. If we wanted to convince people to adopt KMC practice what would be the most effective way of spreading the message?

**Theme 5: Home deliveries and birth planning:**

1. How common is home delivery? Under what circumstances home deliveries happen?
2. Why people prefer home delivery over the institutional delivery? Probe for reasons
3. Who conduct home deliveries? Who all will be present during that time? Explain the process
4. If baby born at home is small and/ having health problems what do people do?
5. How do people plan birthing? Who and how they chose facilities? What preparations they do: **Probe** to know if they call/ consult ASHA