***Codebook for interviews with Primary Caregivers***

1. **Food characterisation and balance**

|  |  |  |
| --- | --- | --- |
| **Topics** | **CODE NAME** | **DESCRIPTION** |
| **Appetite** | Child's appetite | How is the child’s appetite appreciated and manifested? (indicators)  When the child's appetite observed is higher/lower?  Which aspects associated with such manifestations of higher/lower appetite? |
| Signs that a child no longer wants to eat | Indicators that the child no longer wants to eat and response of the Primary Caregiver (PC) (When to insist or not?) |
| **Preferences and tastes of the child** | Preferences and tastes | Identification of the child's preferences in relation to foods; preparations; type of consistency |
| **Breastfeeding and feeding** | Breastfeeding and feeding | Dynamics between breastfeeding and feeding (what comes first; when to breastfeed; competitive relationships; preferences of the child...).  Form, frequency, routine, dynamics of breastfeeding the child.  Continuing or not to continue breastfeeding; notions of weaning.  Problems with breastfeeding and their relationship to food. |
| **Other milk** | Consumption of other milks | Bottle feeding use. Motives or reasons for use  Changes, problems. Current situation about the use of other milks. |
| **Amount of food** | Appreciations on the quantity | Amount the child usually eats and the ideal amount you want him/her to eat (how much of what is served; if he/she eats all the ration...). |
| Strategies to get him/her to eat the desired amount | Strategies aimed to getting the child to eat more of it. |
| **Power frequency** | Frequency | Feeding times during the day; type of food and food preparations offered at different times; feeding schedules. |
| Frequency considerations | Assessing the frequency that the child eats and what is considered ideal. |
| **Consistency of preparations** | Identification of consistency samples | Terms used by lead caregivers to refer to types of consistency (based on review of submitted samples).  Identification of preparations typically offered to the child and their consistency. |
| Consistency assessment and practice | Preferred consistency in infant feeding; reasons for this preference.  Changes experienced regarding consistency.  Assessment and practice of consistency of other main caregivers. |
| **Responsive feeding** | Physical and social environment | Aspects of the physical and social environment that promote or difficult feeding or the child's appetite, place, and general environment in which feeding takes place (presence or absence of distractions; noise/quietness; layout of space and furniture; willingness of the child to eat when he/she has the company of the family...). |
| CP - child interaction | Relationship established between the PC and the child during feeding (location of the PC in relation to the child; what the PC does while feeding the child...). |
| 5a. Strategies used for feeding | How the caregiver encourages the child to eat (combination of foods and textures that the child prefers; use of play resources and materials; talking; singing; playing...). What gives better results? Previous experience and learning of "techniques" for feeding |
| 5b. OTHERS' involvement in the child's feeding | Other significant people - apart from the main caregiver - involved in the feeding and care of the child (who supports and participates; what way; how often...). |
| Duration of the main meal event | How many times does it usually take to feed the child, especially at the main meal (lunch)? |
| **Problems and difficulties** | Problems around food | Difficulties experienced by the main caregiver around feeding the child. |
| **Assessment of the child with regard to feeding** | The child about feed | Characterisation of the child's feeding behaviour and implications for the primary caregiver (e.g., use of "war" metaphor to define this relationship, "*I have to fight"; "he doesn't make war on me...he eats everything"...*). |
| **Food and disease** | Feeding during illness | Conditions and ailments of the child. Changes in feeding dynamics during illness. |
| **Food and CP work** | Primary caregiver's work activity and child feeding | How the main caregiver's work activity affects child feeding. |

1. **Food attributes**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Food offered | Food offered to the child. |
| Foods that are NOT YET offered | Foods not yet offered, given the age of the child. |
| Foods that are NOT offered | Foods that are not offered to the child because they are considered harmful or have negative properties. |
| Food grouping | Criteria for food grouping, from the perspective of the primary caregiver. |
| Food attributes | Positive and negative characteristics of food. |
| Reasons for NOT offering food | Reasons for not offering a particular food to a child. |
| Conditions for the introduction of food | Criteria for the introduction of a certain food (appropriate age; looking for guidance and explicit indication about inclusion in the child's diet (e.g., health personnel are asked if a food can be already eaten or not yet); appropriate form of preparation...).  Possibility of consuming the food earlier than six months (through some form of preparation or processing...). |
| Food consumption conditions | Criteria considered appropriate in the consumption of certain foods (e.g., control of frequency *- "can eat, but "once in a while*", *"for cravings"*; and of quantity - "*can eat, but little"*). |
| Opportunities for consumption of foods and preparations characterised as unhealthy | Situations in which the child accesses food and preparations considered unhealthy (who offers; under what circumstances; where; how often...) and **control** of the primary caregiver (How much this "social offer" of food is controlled...). |
| Opinions and practices of OTHER Main Caregivers | What other primary caregivers say about the attributes of food; as well as their practices around it. |
| Preparations | Foods used; food combinations; forms of processing and preparation. |

1. **Perception of nutritional status**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Current and ideal boy's or girl's silhouette | Perception of the child's current and desired body size. |
| HEALTHY and UNHEALTHY children's silhouettes | Identification of body size representing healthy and unhealthy children. |
| Silhouettes in the community | Identification of silhouettes of children, present in the community. |
| Conformation of HEALTHY/UNHEALTHY children | Aspects related to the constitution of healthy  and unhealthy children. |
| Health risks associated with body size | Relationship between body size and potential future health outcomes |
| Risks of evolution towards unhealthy silhouettes | Assessment by the primary caregiver of the possibility that the child may progress to unhealthy conditions. |

1. **Characterisation of food types**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Healthy Eating | Characterisation of what is considered healthy eating (value attributed to variety of food; no use or low use of fat in preparations; inclusion of certain foods because their benefits; adherence to child feeding schedules...). |
| Unhealthy eating | Characterisation of what is considered an unhealthy diet (predominance of fried foods; preparations or foods high in sugar...). |

1. **Iron supplementation**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Administration of the supplement | Type of supplement your child is taking or has been taking.  Consumption of the supplement and what type (preventive; as treatment); since when.  Content, recommendations, reminder messages about how to give the supplement to the child.  How the supplement is offered to the child (how often; at what time of the day; with what it is accompanied; what is done after administration...). |
| Receipt of the supplement | Manifestations of acceptance or rejection of the supplement, by the child and  strategies or actions aimed to facilitating and securing consumption of the supplement (what caregiver do when child reject the supplement). |
| Facilitators and difficulties around supplementation | It refers to the aspects that promote or complicate compliance with supplementation by the PC (forgetfulness; rejection of the odour and taste characteristics of the supplement...).  *-I don't give it any more, it's ugly for me too;*  ***-And how was it when you gave him drops?*** *Yes, he took the drops.* ***When he was switched to syrup...*** *Syrup, that's another way, but Ferranin is good".*  *-...at home, we forget, but over there (Cuna) they get it every day".* |
| Monitoring of supplement consumption | Record details of any calls or visits made to the PC to find out if the boy/girl is taking the supplement, how he/she is taking the supplement and what problems is he/she experiencing. This may be made by the health facilitator or the municipality’s personal. The PC may not identify who is calling or visiting her. |

1. **Conceptions of anaemia**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Notions on anaemia | What it is; causes; consequences and actions that can be implemented for prevention and treatment at the family level. |
| Importance and assessment of supplementation | Purpose of supplementation.  Motivation, what encourages/discourages you to offer the supplement. |
| Social views and experiences | What other primary caregivers and community members say about supplementation. |
| Relationship of supplementation home - Cuna | Orientation and "monitoring" activities of the Cuna, about the administration and compliance of supplementation at home. Relationship of the Family and Caregiver Mothers' Guide with the Primary Caregiver. |

1. **Sources of information, guidance and methodology used**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| **Health Personnel** Orientations | **Guidance** on childcare, feeding and **working methodology** (topics addressed; how they approach the topic; evaluation of recommendations; value and authority attributed to the source of reference; changes in representations and practices...). |
| Guidance **OTHER** actors | Guidance on the care and feeding of children from members of the **Cuna** (Family Guide; Caring Mothers; Technical Accompanying Persons) and **social actors** (Local Government).  **Methodology** and **work strategies.** |
| Exchange with other CCPPs and members of the community | Relationship of the PC with other members of the community around health, nutrition and childcare issues: topics of exchange (concerns and doubts; communication of effective experiences…); value attributed to knowledge and guidance provided |
| Nature of the PC - Health Personnel relationship / Other guidance referrals | How the exchange takes place and its effects on the practice of PC; valued characteristics of the relationship (building trusting relationships and possibility to raise doubts and questions; encourages a desire to learn and appreciation of training activities...). |
| Implementation of recommendations | Aspects that encourage and limit the implementation of the recommendations in daily practice (evaluation of results or effects of their implementation; need for feedback, validating the practice; family economy...). |
| Attitudes and practices towards learning about feeding and childcare issues | Information search; participation in training activities. |
| Food topics you want to learn and know about | Topics on which further information and knowledge development and ideal learning methodology are desired. |

1. **Feeding and childcare in Cuna Más**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Feeding in Cuna Más | Evaluation of the food offered at Cuna Más (type of food and preparations; ways of feeding; care and attention of the child...). |
| Ratio of feed Cuna - House | Transition and adaptation process - Cuna and Home - around feeding (differences and similarities between the two types of feeding; how food gets to children; how feeding is adjusted at home; child's learning...). |

1. **Conceptions of child feeding**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Representations around the feeding process | Conceptions about the child's feeding process (differences between "tasting" and "eating"; the need to "strengthen" the child's stomach; how to teach and "accustom" the child to certain foods and preparations...). |
| Changes experienced in representations and practices | Changes in the main caregiver's conceptions and practices around feeding. Aspects that have facilitated or promoted these changes. |

1. **Pandemic changes Covid19**

|  |  |
| --- | --- |
| **CODE NAME** | **DESCRIPTION** |
| Changes in the employment-economic situation | Economic and employment status before and during quarantine of the individual and the nuclear family. Perception of change from pre-pandemic situation *"because of the pandemic I had stopped working" "I am more dedicated to my daughter".* |
| Changes in child's condition due to pandemic | Different changes (food, health, development...) expressly related, in the interviewee's discourse, to the occurrence and duration of quarantine-pandemic. |
| Changes in attendance at public or private services | Difficulties or non-attendance at CRED, CUNAMÁS, medical consultations, etc. |
| Changes in food access or availability | Difficulties in obtaining food. |