

AMERICAN UNIVERSITY OF BEIRUT

MATERNAL BREASTFEEDING EXPOSURE,
KNOWLEDGE, ATTITUDE, INTENTION, AND PRACTICE
IN LEBANON: RESULTS FROM THE MINA COHORT
STUDY

by
AYA AHMAD CHATILA

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ABSTRACT OF THE THESIS OF

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Title: Maternal Breastfeeding Exposure, Knowledge, Attitudes, Intentions, and Practices in Lebanon: Results from the Mina Cohort Study

Background and Objective: Despite the importance of adequate breastfeeding during early life, its rates in Lebanon remain low. This study aims to examine the association of maternal exposure, knowledge, attitude, and intentions to breastfeeding during pregnancy with breastfeeding practices at 4 and 6 months postpartum among Lebanese women.

Methods: Data for this study are derived from the Mother and Infant Nutrition Assessment (MINA) study, a longitudinal cohort study, conducted from 2015 to 2018 in Lebanon and Qatar. The data analyzed in this study focus on the Lebanese arm of the cohort, which took place in two hospitals (AUBMC and MGH). A total of 194 pregnant women were recruited in this study. The data were extracted from visits 1 (at the first trimester), 3 (at the third trimester), 4 (at 4 months postpartum), and 5 (at 6 months postpartum). It included 1) sociodemographic characteristics, 2) breastfeeding exposure, 3) breastfeeding knowledge (Infant Feeding Knowledge Test), 4) breastfeeding attitude (Iowa Infant Feeding Attitude Scale), breastfeeding intention (Infant Feeding Intention Scale), and 5) breastfeeding practices (WHO definitions). Simple linear regressions were used to examine the determinants to the breastfeeding exposure, knowledge, attitude, and intention scores. Simple logistic regressions were used to determine the factors associated with breastfeeding initiation and exclusivity at 4 and 6 months.

Results: Overall, participants had a high breastfeeding exposure score (2.8 ± 0.5), good breastfeeding knowledge score (12.7 ± 2.1), neutral breastfeeding attitude score (64.1 ± 7.0), and strong breastfeeding intention score (13.2 ± 3.6). After birth, 61% of the participants have initiated breastfeeding within less than one hour. Exclusive breastfeeding practices among the studied population were 41% at 4 months and 26% at 6 months. Major gaps in knowledge and attitudes identified among the Lebanese mothers were related to the duration of breastmilk completeness, breastmilk adequacy, breastfeeding misconceptions, and concerns. Participants from MGH had significantly lower breastfeeding exposure [$-0.2(-0.4, 0.0)$] and knowledge scores [$-2.1(-2.9, -1.2)$] than those from AUBMC. Breastfeeding knowledge was more prevalent among women with the following characteristics: older age [$1.3(0.2, 2.4)$], higher maternal education

[1.9(0.8,3.0)], higher paternal education [1.7(0.8, 2.6)], maternal employment status [1.4(0.6, 2.2)], and higher-income individuals [2.2(0.8, 3.7)]. Participants who were not pregnant with their first child and had a household crowding index of greater than or equal to one person per room had significantly lower mean intention scores to exclusive breastfeeding by -1.3(-2.6,-0.0) and -1.67(-3.1,-0.3), respectively. Women who were residing in other districts than Beirut had a significantly higher mean breastfeeding intentions score by 2.0(0.0, 3.9) than those residing in other districts. There was a significant positive association between exclusive breastfeeding at 4 months with breastfeeding intentions [1.4(1.1, 1.7)]. Also, exclusive breastfeeding at 6 months was negatively associated with breastfeeding exposure [0.1(0.0, 0.7)].

Conclusion: The findings from this study highlighted the gaps in knowledge and attitudes related to breastfeeding among lactating mothers in Lebanon. Considering these findings, it is recommended to develop context and culture-specific prenatal breastfeeding education, postnatal peer/professional support, and workplace support.

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ABBREVIATIONS

AUBMC	American University of Beirut Medical Center
BF	Breastfeeding
BFHI	Baby-Friendly Hospital Initiative
BFK	Infant Feeding Knowledge Test
BMS	Breastmilk substitute
CF	Complementary feeding
CI	Confidence Interval
EBF	Exclusive breastfeeding
FF	Formula feeding
IFI	Infant Feeding Intention Scale
IIFAS	Iowa Infant Feeding Attitude Scale
IRB	Institutional Review Board
IYCF	Infant and young child feeding
KSA	Kingdom of Saudi Arabia
LPB	Lebanese Pounds
MENA	Middle East and North Africa
MGH	Makassed General Hospital
MINA	Mother and Infant Nutrition Assessment
MoPH	Ministry of Public Health
NCD	Non-communicable diseases
OBGYN	Obstetrician-gynecologist
OR	Odds Ratio
PBC	Perceived behavioral control
RCT	Randomized controlled trial
SD	Standard Deviation
SN	Subjective norms
SPSS	Statistical Package for Social Sciences
TPB	Theory of Planned Behavior
UK	United Kingdom
UN	United Nations
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER I

INTRODUCTION

Non-communicable diseases (NCDs), commonly known as chronic or lifestyle-related diseases, are the leading cause of death worldwide, being responsible for two-thirds of all deaths globally, with nearly 85% of these deaths occurring in low- and middle-income countries (Organization 2018). Most global deaths have been largely attributed to four main NCDs: cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases (Rahim, Sibai et al. 2014). While it has been traditionally accepted that hereditary and adult lifestyle factors, including nutrition and physical activity, determine one's risk of developing NCDs, recent emerging evidence points towards nutrition during the first 1,000 days of a child's life starting from conception until 2 years of age. "Fetal or metabolic programming" is the concept that links early-life exposure to adult diseases. The first 1,000 days of life is considered a critical period and exposures to certain factors might lead to permanent irreversible changes in organs, systems, and subsystems. These permanent changes will affect the organ's metabolic function and structure, which will limit the body's ability to fight exposures (Kuh, Ben-Shlomo et al. 2003). Scholars have identified the first 1,000 days as a "window of opportunity" to plan effective interventions aiming at preventing or delaying the onset of the development of NCDs (Kuh, Ben-Shlomo et al. 2003).

Adequate breastfeeding (BF) and complementary feeding (CF) practices during the early-life period have been suggested to not only modulate growth and functional development of an infant or young child, but also modulate health and adult-onset of

NCDs namely obesity, type 2 diabetes, high blood pressure, and elevated blood lipids (Kelishadi and Farajian 2014, Grummer-Strawn and Rollins 2015). Evidence shows that the lives of 820,000 infants and young children could be saved as a result of being breastfed optimally (Victora, Bahl et al. 2016). For this reason, offering breastmilk substitute (BMS) instead of breastmilk could jeopardize the health shield offered by proper breastfeeding in this important stage (Schwarzenberg and Georgieff 2018).

CHAPTER II

LITERATURE REVIEW

A. General Information about Breastmilk

1. Stages of Lactation

Lactation goes through multiple stages causing changes in the breastmilk composition. Colostrum, the first fluid to be produced from the mother to the infant, is rich in immunologic components such as secretory IgA, lactoferrin, leukocytes, and epidermal growth factor. (Kulski and Hartmann 1981, Castellote, Casillas et al. 2011). It also contains high levels of sodium, chloride, and magnesium, and low levels of lactose potassium and calcium (Kulski and Hartmann 1981). The transitional milk, which is the second stage of lactation, is similar in characteristics to colostrum and is produced from 5 days to 6 weeks postpartum (Ballard and Morrow 2013). At 4 to 6 weeks postpartum the breastmilk becomes hindmilk, which is fully mature milk, with a lot of changes in its composition.

2. Nutritional Components

Breastmilk has unique and varied nutrient components- macronutrients and micronutrients, bioactive components, growth factors, and immunologic factors- that cannot be mimicked in formula synthesis (Ballard and Morrow 2013, Schwarzenberg and Georgieff 2018).

a. Macronutrient

The macronutrient composition of human milk varies from mother to mother, stages of lactation, and maternal nutritional status. The macronutrient composition of mature/term milk is estimated to be approximately 65 to 70 kcal/dL for energy, 0.9 to 1.2 g/dL for protein, 3.2 to 3.6 g/dL for fat, and 6.7 to 7.8 g/dL for lactose/carbohydrate (Ballard and Morrow 2013). Macronutrient content of the human milk can vary between preterm and term milk- with preterm milk tending to be higher in protein and fat- and between the maternal characteristics- maternal body weight for height, protein intake, parity, the return of menstruation, and nursing frequency (Nommsen, Lovelady et al. 1991).

b. Micronutrient

The micronutrient content, of vitamins A, B1, B2, B6, B12, and iodine, in human milk, might vary depending on maternal diet and body stores (Ballard and Morrow 2013). This might be due to the suboptimal intake of the maternal micronutrients from their diets and changes in body composition (Greer 2001). It is recommended that the mother continues vitamin/mineral supplementation during the lactation period to have adequate stores. On the contrary, certain nutrients cannot be transmitted from the mother to the child through human milk, and thus require to be supplemented to the infant. For this reason, the American Academy of Pediatrics recommends an injection of vitamin K- to avoid the hemorrhagic disease of the newborn- and supplementation of vitamin D (Greer 2001).

c. Other Components

In addition to having optimal nutritional components, breastmilk also contains numerous growth factors. Those growth factors have a wide variety of effects on the

infant's systems, subsystems, and organs. Human milk contains epidermal growth factors, neuronal growth factors, insulin-like growth factor, vascular endothelial growth factor, erythropoietin, and other factors for the growth and maturation of the intestinal tract, vasculature, nervous system, and endocrine system (Ballard and Morrow 2013).

Human milk also offers protection against inflammation and infections, since it contains immunological factors. Those immunological factors include cells of human milk- macrophages, T cells, stem cells, lymphocytes, cytokines, chemokines, and acquired/innate factors. Those factors are responsible for transferring the protection and programming of different internal and external cells, communication between cells, and protection from infections (Ballard and Morrow 2013).

B. Benefits of Breastfeeding

Breastfeeding is considered the optimal nutrition and offers a lot of benefits when compared to formula feeding (FF). Continuous efforts have identified breastfeeding to be beneficial for the infant, mother, economy, and sustainability. This section will review the literature to identify the potential benefits of breastfeeding on multiple levels.

1. Infant

a. Infectious disease

Breastfeeding offers some important benefits for the infant that are thought to be short-term, such as protection against infectious diseases. Breastfeeding can minimize the risk of multiple infectious diseases- diarrhea, respiratory tract infections, otitis media, other infections, and their related mortality (León-Cava, Lutter et al. 2002). This

is because breastfeeding requires minimal handling than formula feeding which minimizes the risk of contamination as a result of poor hygiene and sanitation (León-Cava, Lutter et al. 2002, Isaacs 2005). A recent meta-analysis of studies conducted in developed countries showed that infants who were exclusively breastfed for at 4 months, had 3 times fewer symptoms of severe respiratory tract infections than those who were formula-fed (Heinig and Dewey 1996). In addition to that, human milk contains immunologic and antibacterial properties, which makes it a strong agent to fight pathogens and eliminate exposures (León-Cava, Lutter et al. 2002, Isaacs 2005).

b. Neurodevelopment

Breastfeeding can have a great impact on intellectual and motor skill development in term and preterm newborns (Allen and Hector 2005). Although maternal intelligence was considered to be a confounding factor, breastfeeding still had a positive effect on the infant's intelligence regardless of maternal intelligence (Heinig and Dewey 1996, Allen and Hector 2005).

The mechanisms behind the association of breastmilk with neurological development are not well understood (León-Cava, Lutter et al. 2002); however, it can plausible biological explanations since breastmilk contains long-chain polyunsaturated fatty acids known to be important for brain growth and development. In addition to that, studies have reported that breastfeeding provides bonding between the mother and the child, which in turn may have developmental benefits for the infant (León-Cava, Lutter et al. 2002).

c. Chronic disease

The association of breastfeeding and the risk of development of NCDs in childhood and adulthood has been very well reviewed in the literature. Recent meta-

analyses have indicated a short-term protective effect of breastfeeding against childhood obesity (Arenz, Ruckerl et al. 2004). A cross-sectional study done in Lebanon has revealed that the odds of being overweight were reduced by 26% for every additional month of exclusive breastfeeding (Issa, Hobeika et al. 2019). In addition to that, this study also showed that exclusive breastfeeding can reduce respiratory affections (37% less wheezing and 27% less asthma) and gastrointestinal problems (26% less colic and 16% less reflux) (Issa, Hobeika et al. 2019). Since childhood obesity is a risk factor in the development of obesity in adulthood and related morbidity, breastfeeding can prevent obesity in the long-term (Allen and Hector 2005). Breastfeeding can also have a protective effect against other diseases such as allergies, diabetes, hypertension, cancer, and Crohn's disease in adulthood (León-Cava, Lutter et al. 2002).

2. Mother

The benefits of breastfeeding can go beyond the infant, as many studies have proved that it is beneficial for the mother. The evidence indicates that breastfeeding can be protective against pre and postmenopausal breast cancer through a dose-response relationship (Allen and Hector 2005). This means that the longer duration of breastfeeding is associated with a lower risk of development of breast cancer. A systematic review has indicated that 12 months of breastfeeding can reduce the risk of developing breast cancer by 4.3% (Beral 2002). Evidence from cohort studies also showed that breastfeeding may protect against ovarian cancer (Labbok 2001). The mechanisms behind the protection against breast and ovarian cancer can be linked to the hormonal changes and the release of oxytocin that are associated with breastfeeding, which will help in contracting the uterus, expelling the placenta, reducing postpartum

bleeding, and reducing fertility (León-Cava, Lutter et al. 2002, Rea 2004). In addition to that, lactation can help to reduce the risk of rheumatoid arthritis, postpartum depression, increase postpartum weight loss, and mother-infant bonding (Allen and Hector 2005).

3. *Economy*

The benefits of breastfeeding go beyond health, as it was proven in the literature that breastfeeding can have a positive impact on the economy. Cost analysis has indicated that breastfeeding can reduce costs directly and indirectly (Allen and Hector 2005). The direct costs include spending on health, medications, hospitalizations, infant formula, equipment, storage, and preparation, whereas the indirect costs long term increased productivity and higher intelligence. This can be supported by evidence from the Lancet Series for Breastfeeding, that breastfeeding can cause an economic gains of \$302 billion/year as a result of increased productivity associated with higher intelligence (Victora, Bahl et al. 2016). Reviews done in the United States (US), United Kingdom (UK), Brazil, and urban China have indicated that breastfeeding can save up to \$400 million annually due to reduced healthcare costs (Victora, Bahl et al. 2016).

4. *Environment*

Breastfeeding also has environmental benefits, as it is considered a natural and renewable source of food; whereas, formula feeding is detrimental to the environment due to several reasons. (Health and Services 2011). First, the production of formula milk requires a lot of industrial equipment and machines that produce pollutants and chemical exposures. In addition to that, the powdered formula milk requires specific packaging, which might be deposited in landfills and requires transportation. For all the

previously mentioned reasons, breastfeeding is still considered more environmentally friendly and has minimal carbon footprint exposures, which will help to save global resources and energy

C. Global and National Breastfeeding Rates

Globally, the breastfeeding rates remain low, as it was estimated that the exclusive breastfeeding (EBF) rate is around 42% (Victora, Bahl et al. 2016). The rate is much lower in the Middle East and North African (MENA) with only 35% of the infants are being breastfed. A significant difference is seen across countries, as evidence shows that breastfeeding is 50 % less in low- and middle-income countries than high income come (Victora, Bahl et al. 2016). Breastfeeding continuation is also on a decreasing pattern as it was shown that the breastfeeding rate has dropped by 30% for children aged 0-5 months (Victora, Bahl et al. 2016).

Lebanon, a middle-income country in the Middle Eastern, has very low breastfeeding rates and is on a decreasing pattern. In 2008, EBF was 56% during the first month of age and dropped to 25% at four months of age (Al-Sahab, Tamim et al. 2008). A similar decreasing pattern was seen in 2010, where breastfeeding of 1-month old infants is 40% and exclusive breastfeeding for up to 6 months is 14.8% (UNICEF 2010, UNICEF 2013). Over 40% of Lebanese infants receive a combination of infant formula and breast milk during their first month of life (UNICEF 2010). A validation study in Lebanon have studied breastfeeding practices, the results showed that breastfeeding initiation within the recommendation was 77%, EBF at 1 month was 46.5%, EBF at 3 months was 41.2%, and EBF at 6 months was 31.6% (Yehya, Tamim et al. 2017). In 2019, a cross-sectional study on infants have indicated that the mean age

for breastfeeding initiation was 2.7 days, exclusive breastfeeding was 3.23 months, and total breastfeeding was 10.38 months (Issa, Hobeika et al. 2019). The authors also noted that EBF rates at 6 months were 32% in the studied sample. On the contrary, a national study on toddlers in Lebanon has found that EBF was 46.5% at 1 month, 26.16% at 3 months, and 6.5% at 6 months of age (Mattar, Hobeika et al. 2019). The results estimating the breastfeeding rates in Lebanon are controversial, with all rates being suboptimal, which increases the need to develop and implement interventions to address this public health issue.

D. International Guidelines for Infant Feeding Practices

1. Definitions

The World Health Organization (WHO) Global Data Bank on breastfeeding defines breastfeeding into the following 1) “exclusive breastfeeding” when infants receive no other food or drinks, not even water, other than breastmilk (including expressed milk) and specific medications 2) “combined/mixed feeding” when infants receive breastmilk and formula milk 3) “bottle-feeding” when infants receive formula milk only without any breastmilk (Organization 2011).

2. Responses

As a response to suboptimal infant feeding practices, the United Nations (UN) has adopted the “Convention on the Rights of the Child,” pointing out the importance of addressing optimal feeding practices for infants and young children. Global agencies and health organizations have been working on developing recommendations aiming at improving the global breastfeeding rates and addressing this public health problem. The

WHO's member states have endorsed a comprehensive implementation plan, which includes 6 global nutrition targets to be met in 2025, aiming at improving maternal, infant, and young child nutrition (Organization 2014). The nutrition targets include policy briefs to improve the global rates of stunting, wasting, childhood overweight/obesity, breastfeeding, low birth weight, and maternal anemia. The policy brief for the fifth target aims to “increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%”. The purpose of this policy brief is to support, promote, and implement cost-effective interventions and policies to increase the global practice of exclusive breastfeeding.

3. Recommendations

The WHO has set several recommendations for breastfeeding initiation and continuation. These recommendations include initiation of breastfeeding within 1 hour of delivery, exclusive breastfeeding (EBF) for 6 months, and continuation of breastfeeding for two years of age or beyond (Organization 2019). For measuring infant feedings practices, the United States Agency for International Development (USAID) and WHO have developed the “Indicators for Assessing Infant and Young Child Feeding Practices”, which serve as a valid, reliable, and standardized tool to assess infant and young child feeding practices (USAID and WHO 2007).

E. National Breastfeeding Response

The Lebanese government and policymakers have been continuously working on the development of public policies to address the suboptimal breastfeeding rates. In 2008, a new law (No. 47 of 11/12/2008) was issued and implemented, which was

related to the “Organizing the Marketing of Infant and Young Child Feeding Products and Tools” (Akik, Ghattas et al. 2015, Darjani and Berbari 2015). Law 47/2008 is like the “International Code of Marketing of Breastmilk Substitutes” (BMS), but with stricter regulations, which lead to the termination of the “Code”. This law includes the banning and marketing of BMS and FF for children between 0 to 3 years. Law 47 has been poorly implemented and enforced by the government, as the Ministry of Public Health (MoPH) has caught a well-known hospital in Lebanon and Philips Avent in violating this law and took specific actions accordingly (Akik, Ghattas et al. 2015).

The “Baby-Friendly Hospital Initiative” (BFHI) has been also adopted by the Lebanese government to address breastfeeding during the hospital stay. The BFHI includes ten steps that focus on the training of healthcare providers, educating new mothers and rooming-in of the mother and child within the first 24 hours after delivery (BFHI 1991). However, there are some challenges and barriers that are present in the context, which hinders the effective implementation of this initiative. Some of those challenges could be related to the resistance at multiple levels- hospital administration, physicians, shortage in human resources and supplies, infrastructure and routine practices, financial incentives for hospitals and health professionals to market breast milk substitutes, and organizational cultures, and cultural barriers mothers face (Akik 2014).

In 2014, the maternity legislation was further modified and updated, which now gives the working mothers 10 weeks of paid leave, instead of 7 weeks (LawNo17 2014). Despite this extension of this legislation, concerns were raised from the Lebanese

working mothers related to the maternity leave duration being short, early return to work, and inadequate work schedule (Nabulsi 2011, Mattar, Hobeika et al. 2019).

In 2018, the MoPH and UNICEF have developed the “National Policy for Infant and Young Child Feeding Practices in Lebanon” (UNICEF 2018). The purpose of this policy is to enhance the promotion, protection, and support of infant and young child feeding (IYCF) practices in Lebanon by using multiple initiatives, policies, laws, and regulations. There are ten policy statements in this document that focuses on the policy issues related to IYCF under normal circumstances and exceptionally difficult situations- such as for malnutrition, low birth weight, and in emergencies. It also focuses on supportive initiatives, including BFHI, Law 47/2008, Codex Alimentarius, and maternity leave legislation. Mother and childcare practices were also addressed in the national IYCF policy- 2018 document, as a specific policy statement addressed skin-to-skin contact between the mother and child during delivery. The combination of all previously established laws, initiatives, and policies provides a unified source of information for healthcare providers and breastfeeding mothers leading to more effective implementation to address the breastfeeding problem. However, these policy statements are very broad, as no specific action plans have been implemented, which hinders their use as a guide for practical application.

F. Determinants of Breastfeeding in Lebanon

Breastfeeding in Lebanon is still suboptimal, the reasons for that cannot only be linked to only one causal pathway but there are multi-level determinants are affecting this breastfeeding behavior.

The first level can be linked to personal factors, such as the infant-mother dyad which affects the breastfeeding choice of the women, (Akik, Ghattas et al. 2015). Differences in maternal characteristics and personal factors- such as maternal wealth, education, and occupation- could affect the breastfeeding decision. For example, mothers in the low- and middle-income countries tend to breastfeed less than mothers in high-income ones, which could be related to the differences in education and wealth among both groups. (Victora, Bahl et al. 2016). On the contrary, scholars have found that the differences within the country, such as living in rural areas and lower education has a positive effect on the rates of exclusive breastfeeding (Batal and Boulghaurjian 2005). Longer breastfeeding duration was associated with sociodemographic factors- religion (Muslim), higher paternal education, mother's health-related degree, natural deliveries, and behavioral factors such as caffeine and alcohol consumption (Mattar, Hobeika et al. 2019).

In addition to that, the low BF rates in Lebanon were related to beliefs and concerns related to having inadequate amounts of milk, changes in the milk quality, and concerns for lack of infant's satisfaction (Osman, El Zein et al. 2009). A recent qualitative study in Lebanon, have explored the reasons for this low breastfeeding rate in Lebanon (Nabulsi 2011). The results revealed that the mothers had some concerns and misconceptions such as the negative effects of breastfeeding on their breasts (sag) and figure (gain weight) and that it might be painful and tiring. Another concern was related to having bad or harmful milk and lack of infant satisfaction.

Maternal determination- such as maternal knowledge, attitudes, beliefs, and social networking, are the reasons affecting breastfeeding decisions (Nabulsi, Hamadeh et al.

2014). A complex intervention was done in Lebanon, which consists of breastfeeding education/counseling, breastfeeding skills building, and lactation support (professional and peer/ lay support) (Nabulsi, Hamadeh et al. 2014). Such interventions are important as they help to improve the lactating mother's knowledge, expectations, self-efficacy, and empowerment.

Social support and networking are other breastfeeding barriers and influence breastfeeding decisions positively or negatively. Those determinants are beyond the individual factors and are present around the lactating mother. A support to this is the lack of assistance from the mother's social networking as the breastfeeding mother views breastfeeding as a tiring task and no-one can assist her in feeding her infant, mainly the mother-in-law (Nabulsi 2011). In addition to that, breastfeeding needs instrumental support from others, and mothers conveyed that they need aid and services from their husbands and family members.

Also, mothers find the perceptions of family and society to be important. The maternal concerns related to changes in the body shape and image and the way others see her (Nabulsi 2011). In addition to that, the lactating mother could be influenced by seeing other relative's breastfeeding experiences. The belief that the infant needs formula feeding in addition to breastmilk is highly present in the Lebanese culture and crosses from one generation to another.

G. Theory of Planned Behavior

A wide range of determinants to breastfeeding are present, which are leading to suboptimal breastfeeding initiation, duration, and exclusivity worldwide as well as in

Lebanon. Those determinants could be better understood using the theory of planned behavior (TPB) lens (Ajzen 1991).

The TPB says that the attitudes, subjective norms, and perceived behavioral control, all influence and interact with the intentions which affect the individual's ability to perform the desired behavior (Ajzen 1991). (see Figure 1: The Theory of Planned Behavior Constructs). Each of the TPB constructs is explained in detail in the below section.

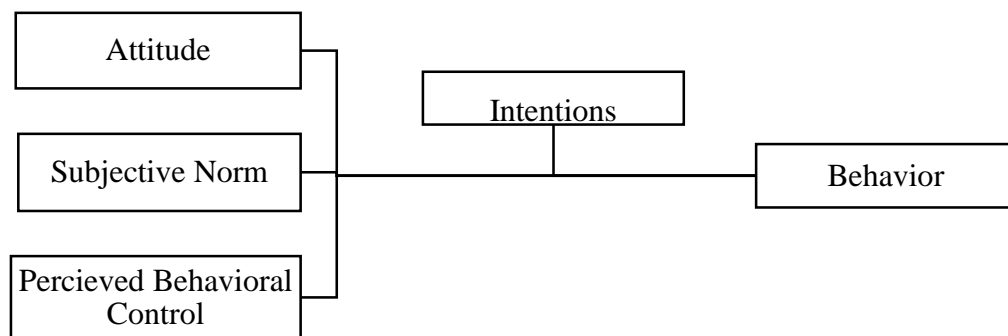


Figure 1 The Theory of Planned Behavior Constructs

1. Predicting Behavior: Intentions and Perceived Behavioral Control

Intentions are defined as the motivational factors- willingness, effort, and ability- the individual has towards performing the desired behavior (Ajzen 1991). Intentions and behaviors are interdependent, meaning that high individual intentions are associated with a greater ability to engage and maintain the desired behavior. In addition to that, the behavioral intentions can be influenced by non-motivational factors- time, money, skills, and other resources- which are considered as the individual control to the

engagement in a behavior. The TPB states that intentions, motivation, ability, and behavioral control influence the desired behavior achievement (Ajzen 1991).

Perceived behavioral control (PBC), which is an important predictor of the behavior, is related to the individual's ability to control the behavior. PBC is influenced by relations among beliefs, attitudes, intentions, and behavior. The behavioral intentions and PBC together directly affect behavioral achievement through two pathways. The first pathway is that by increasing the PBC the engagement in the desired behavior will be more successful without affecting the behavioral intentions. The second pathway is that the PBC can be used as a substitute for the actual control, which in turn leads to the behavior.

1. *Predicting Intentions: Attitude, Subjective Norms, and Perceived Behavioral Control*

The TPB states that the concepts of attitudes, subjective norms, and perceived behavioral control influence behavioral intentions. The theory defines attitude as the person's evaluation of the behavior, which can be favorable and unfavorable factors. Subjective norms (SN) include the perceived social pressure and cultural beliefs that shape individual behaviors and decisions. The last construct is the *PBC*, which was explained earlier in the previous section. All the constructs of the TPB are interlinked, as high attitudes and subjective norms will have a greater favorable effect on the PBC leading to stronger individual's intentions to perform the desired behavior.

H. Theory of Planned Behavior and Breastfeeding

The TPB has been widely used to predict breastfeeding practices in different settings and contexts. A systematic review that pooled 30 observational studies,

conducted in the United States of America (USA), United Kingdom (UK), Hong Kong, Australia, Turkey, Japan, Canada, and Scotland, examined the association between the TPB constructs and self-efficacy framework to predict breastfeeding duration (Lau, Lok et al. 2018). Results presented in this study showed that high breastfeeding intentions and self-efficacy were associated with longer breastfeeding duration and greater maternal commitment to breastfeeding. Also, mothers who had high intentions to breastfeed at 3 months postpartum were more likely to continue exclusive breastfeeding to up to 6 months of age. High commitment to breastfeeding was caused due to positive breastfeeding experiences and exposures, which gave breastfeeding mothers a greater ability to overcome breastfeeding barriers. Results also showed that breastfeeding behavior was associated with positive maternal psychological factors such as higher confidence, enjoyment, competence, autonomy, and mother-to-infant attachment.

A randomized controlled trial (RCT) conducted in China has examined breastfeeding practices at 3 days and 6 weeks postpartum among two groups- the intervention group, who received TPB based interventions, and the control group received, who received standard obstetric care (Zhu, Zhang et al. 2017). The results stated that overtime a significant increase in breastfeeding knowledge and attitude was seen in both groups, with the intervention group having greater knowledge than the control group. In the intervention group, breastfeeding SN increased at 3 days postpartum and decreased at 3 months postpartum. The perceived control to breastfeeding was significantly higher at 3 days postpartum in the intervention group than the control group; however, no significant difference was seen between both groups at 6 weeks postpartum. In addition to that, breastfeeding practices were higher in the intervention group than in the control group at 3 days and 6 weeks postpartum. The

results of this study prove the significant advantage of the TPB interventions on the successful promotion of breastfeeding among new mothers.

A study done in the UK has investigated infant feeding intentions using the TPB, which aims at informing future interventions to address optimal breastfeeding practices (McMillan, Conner et al. 2009). Results showed that the participating mothers had positive breastfeeding attitudes, high PBC, and perceived subjective norms. They also found that maternal education seems to have a significant effect on breastfeeding intentions. Attitudes and PBC had a role in the mother's decision to give her infant formula feeding, whereas, the SN did not have any impact on the mother's choice towards the infant feeding practices. In addition to that, it was found that the PBC was not an important factor affecting the formula feeding practice, which is an important predictor of breastfeeding.

A study conducted in Scotland has examined the normative influences of social referents- woman's partner, midwives/nurses, and others- on the new mothers' decisions related to breastfeeding and bottle-feeding, using the TPB (Swanson and Power 2005). The researchers gathered from newly delivered mother's information related to past infant feeding behavior, feeding intentions during birth, feeding behavior at baseline (during the hospital stay) and follow-up (after 6 weeks), and social cognition model components- behavioral beliefs, subjective norms, and perceived behavioral control. Results from the 203 participants showed that 60% of the mothers were breastfeeding, 38% bottle-feeding, and 2% combined feeding. In addition to that, 88% of the participated mothers had positive breastfeeding and bottle-feeding beliefs and were significant predictors of intentions. For predicting the feeding behavior, at baseline breastfeeding behavior was predicted by negative bottle-feeding beliefs and by positive

SN beliefs, whereas, at follow-up, bottle-feeding SN were significant predictors in this model. The breastfeeding mothers received great social support against breastfeeding, which was greater in breastfeeding mothers than for bottle-feeding, with the partners' and nurses/midwives' support being the most important. Social pressure was the greater influence to discontinue breastfeeding and begin with formula feeding.

A cohort study conducted in Malaysia used the TPB to identify predictors of exclusive breastfeeding intention and the actual breastfeeding behavior (Ismail, Alina et al. 2016). Results showed that women have identified 51% of the variance in exclusive breastfeeding intention, which was weak predictors of the TPB. Breastfeeding intentions and exclusive breastfeeding were also poor in the studied population. This might be because actual decisions cannot be made during pregnancy and that it is not a real and practical decision to be taken and continued for the next 6 months. The PBC and attitudes were the strongest predictors of breastfeeding intentions, while subjective norms did not have any effect due to their irrelevant effect in the studied context.

A cross-sectional study done in Iran aimed to determine the determinants of exclusive breastfeeding using TPB. Results showed a significant effect between EBF and the father's employment and education. In addition to that, subjective norms ($p=0.007$, $r=-0.13$) and intention ($p=0.001$, $r=-0.39$) had a significant negative effect on EBF, while attitudes and perceived behavioral control had no significant relationship with EBF behavior ($p>0.05$). This indicates the importance of the close social referents in supporting the mothers to continue breastfeeding behavior.

A study done in Hong Kong has evaluated breastfeeding duration using the application of three TPB-based models (Dodgson, Henly et al. 2003). The participants were followed up until 12 months postpartum or until breastfeeding was discontinued.

Results showed that breastfeeding duration in the studied participants was short, with a mean duration of 12.65 weeks. In addition to that, breastfeeding continuation was also poor as 44 % of the mothers had discontinued breastfeeding after 4 weeks.

In Bangladesh, researchers have examined factors association of exclusive breastfeeding intention during the third trimester of pregnancy in two rural sub-districts (Thomas, Elaine et al. 2015). Results, which were presented according to the TPB constructs, showed that 84 % of the women had EBF intention. The mean breastfeeding knowledge was 3.5, the attitude was 55.8, and self-efficacy was 25.6. A positive association was examined between BF counseling during pregnancy, parity, maternal literacy, and household wealth with higher positive breastfeeding knowledge, attitudes, and self-efficacy ($P < 0.05$). Knowledge was associated with EBF intention (OR 2.47, 95 % CI 1.74, 3.51), attitudes toward EBF (OR 1.68, 95 % CI 1.31, 2.16), and self-efficacy (OR 1.72, 95 % CI 1.23, 2.40) were independently associated with EBF intention in the model in which all three constructs were entered simultaneously.

I. Exposure, Knowledge, Attitudes, and Intentions to Breastfeeding

Consistent with the TPB, researchers have found a positive association between BF exposure and attitudes (Kavanagh, Lou et al. 2012). Interaction of exposure, knowledge, attitudes, and intentions to breastfeeding have been studied globally.

For this reason, multiple tools and scales have been developed to measure breastfeeding readiness in the desired populations (Grossman, Harter et al. 1991, Mora, Russell et al. 1999, Kavanagh, Lou et al. 2012). Those tools and scales have been adapted and validated in some countries to make them more context-specific and relevant (Mora, Russell et al. 1999, Dungy, McInnes et al. 2008, Charafeddine, Tamim

et al. 2016, Tamim, Ghandour et al. 2016, Yehya, Tamim et al. 2017, Cotelo, Movilla-Fernández et al. 2018).

The breastfeeding exposure scale includes information related to witnessing others breastfeed, being breastfed as an infant, knowing someone who has breastfed, which is a measure of external/surrounding factors, and prior experience to BF (Kavanagh, Lou et al. 2012). For the measurement of the individual knowledge about breastfeeding the “The Infant Feeding Knowledge Test” (BFK) was developed (Grossman, Harter et al. 1991). Attitudes and intentions towards breastfeeding were measured using the “Iowa Infant Feeding Attitude Scale” (IIFAS) and “The Infant Feeding Intention Scale” (IFI), respectively (Mora, Russell et al. 1999, Yehya, Tamim et al. 2017).

The study of breastfeeding knowledge, attitudes, intentions have been assessed on different groups- men, nonpregnant, pregnant women, and lactating women. This will help to view breastfeeding from multiple perspectives and to identify appropriate interventions to improve breastfeeding practices and public health.

1. Breastfeeding Perceptions of Undergraduate Students

A cross-sectional study in the USA aims to measure breastfeeding knowledge, attitudes, and prior exposure among undergraduate university students. Breastfeeding exposure and knowledge in a convenient sample was good. BF exposure results were divided into the following 61% were breastfed when they were young, 92 % knew someone who had breastfed, and 90.7 % having witnessed breastfeeding (Kavanagh, Lou et al. 2012). The association between BF exposure and intentions was the same for differences in sex, age, or major of the students (health-related or non-health-related). Breastfeeding attitudes were neutral, with a common misconception belief that

breastfeeding is painful, restrictive, and inconvenient, specifically for the working mother. Breastfeeding knowledge and attitude scoring was good and significantly positively correlated ($r = 0.433$, $P < .01$). When comparing gender, females had significantly higher breastfeeding knowledge and attitudes than males. In addition to that, students ≥ 20 years of age reported significantly higher overall breastfeeding attitude scores than those ≤ 19 years of age (81.07 vs 74.69, $P = .002$). Also, the female students showed low support for breastfeeding in public as they thought it is embarrassing and unacceptable. On the contrary, no significant difference was seen in the knowledge and attitude scores of students in health-related and non-health-related majors. Overall, most students have indicated that they will intend to breastfeed/support a partner to breastfeed in the future.

A similar cross-sectional study was conducted in Malaysia but showed different results (Hamid and Yahya 2018). The mean breastfeeding knowledge and attitude scores were low, as they were 10.61 ± 2.10 and 60.64 ± 5.02 respectively. While comparing gender using independent t-tests, young female undergraduate students had higher breastfeeding knowledge ($P = < 0.001$) and attitudes ($P = < 0.05$) than males, which were consistent with the previous study. BF exposure scorings were high among both males and females, with a mean score of 2.55 and 2.74, respectively. Results from this study have found a significant positive correlation between breastfeeding knowledge, attitudes, and exposure to future intentions/support to breastfeeding among the sample population.

Moving to our context, a cross-sectional study was conducted that aims to examine breastfeeding knowledge, attitude, and perceived behavior among female undergraduate students in Lebanon and Syria (Hamade, Naja et al. 2014). Results showed that the

participated undergraduate female students had an average breastfeeding knowledge level (mean score, 10.39 ± 2.09) and positive attitudes (mean score, 58.12 ± 6.49). The mean score for breastfeeding intention was 11.11 ± 3.38 and breastfeeding exposure 2.67 ± 0.59 , which was high. From the knowledge scale, the items that had low scores were information related to the maternal breastfeeding benefits, adequacy of milk supply, contraindications, and its suitability for working mothers. The results also highlighted the misconceptions and knowledge gaps, which were presented by the young females, as they showed concerns related to inadequate enough milk production, cannot continue breastfeeding when sick with the flu or cold, and cannot eat pizza and spicy foods while breastfeeding. The students in Lebanon and Syria perceived breastfeeding positively as a moment of joy and allowed greater bonding between the mother and the child. Almost 50% of the students showed concerns related to breastfeeding in public and believed that formula feeding is better for working mothers. While comparing between the two countries, participated students in Lebanon had a higher knowledge scoring than the students in Syria; on the contrary, Syrian students had higher attitude scoring than the Lebanese students. Students enrolled in health-related majors had significantly higher knowledge scorings than the non-health-related majors. A conclusion of the results showed a significant association between breastfeeding intention with knowledge and attitude in Lebanon ($\beta = 0.103$ and $\beta = 0.230$, respectively).

2. Breastfeeding Perceptions of Women

A study in Spain conducted a study on a sample of 297 women with an uncomplicated pregnancy, between 26 and 38 weeks of gestation, to examine maternal attitudes to breastfeeding using IIFAS and maternal practices at 6 weeks, 16 weeks, and

6 months (Cotelo, Movilla-Fernández et al. 2018). Results showed that the participated mothers had neutral breastfeeding attitude scores, with a mean score of 69.76 ± 7.75 . Multiparous women were significantly associated with higher attitude scores ($P=0.0034$); while no significant difference in attitude scores was examined in marital status, age, education level, and occupation. Postpartum exclusive breastfeeding was 56% at 6 weeks, 44% at 16 weeks, and 22% at 6 months, which were significantly associated with high IIFAS scores. In addition to that, exclusive breastfeeding practices were higher among women who had high intentions to exclusively breastfeed while they were pregnant.

In Glasgow, a low-income community, a study was conducted to examine infant feeding attitudes and knowledge among pregnant women and their social networks (Dungy, McInnes et al. 2008). The mean IIFAS score for the entire sample ranged from neutral to negative, with mothers having a significantly lower mean score than social network members ($P = 0.001$). A statistically significant association was established between positive BF attitudes, among mothers and their social networks, and breastfeeding at the hospital. A higher maternal IIFAS score was significantly associated with breastfeeding intentions and practices. Breastfeeding mothers had a negative attitude towards formula feeding as they thought that it is inconvenient and unhealthy. Results, for the mothers and their social networks, showed a positive attitude towards breastfeeding in public, as they believed that the lactating mothers should not be restricted in breastfeeding places.

The objective of a study conducted in Japan was to describe the infant feeding practices, knowledge, and attitudes- using the IIFAS- related to breastfeeding at 18 months postpartum (Inoue, Binns et al. 2013). Overall, the results showed that the

participated mothers had a neutral attitude towards breastfeeding. In addition to that, formula feeding received positive attitudes, as only 35% of the mothers believed that breastfed infants were healthier than formula-fed ones. Results also showed a significant positive association between high IIFAS scores and “any breastfeeding” postpartum (adjusted OR = 1.05, 95% CI = 1.02-1.08). The authors highlighted the importance of providing Japanese mothers with prenatal breastfeeding education to increase their knowledge and attitudes towards optimal feeding practices.

In the Kingdom of Saudi Arabia (KSA), a study was conducted to examine maternal knowledge, attitudes, and barriers to breastfeeding (Saied, Mohamed et al. 2013). The data were collected using a multi-component questionnaire which includes 1) The Socio-demographic Data Questionnaire, 2) Iowa Infant Feeding Attitude Scale (IIFAS) 3) The Breastfeeding Knowledge Questionnaire, and 4) The Perceived Breast-Feeding Barriers Questionnaire. Results showed that 89% of the participants had neutral attitudes and only 7% had a positive attitude to BF, with a mean attitude score of 60.6, \pm 6.6 SD. The participants had a good BF knowledge, with a mean score of 12.4. Barriers to BF were divided into the following: 83% BF public places, 74% return to work, 61% insufficient milk production, 59% pain, and 52% due to poor prenatal and postpartum support. A significant positive correlation was examined between BF attitudes with older maternal age ($r= 0.32$), BF knowledge with longer duration ($r=0.11$), and BF attitudes with BF knowledge ($r=0.71$).

In Lebanon, a study was conducted to measure the knowledge towards breastfeeding, using the BFK test, among pregnant women and support mothers (Tamim, Ghandour et al. 2016). Results showed that the mean BFK score was 11.4, which were grouped into 4 categories poor (13%), fair (35%), good (29%), and very good (22%). In addition to that,

90 % knew that increase in milk supply with frequent breastfeeding, 92% breast milk being the best food for the newborn, and 96% that breastfeeding is contraindicated when women drink alcohol excessively; however, only 29.7% knew that getting enough wet diapers was an indicator for infant receiving adequate feeding. A significant positive association was examined between high BFK and older age, support mother, multiparity, advanced gestational age, having more children and/or who were BF, higher education, and higher monthly income. For measuring the attitudes towards BF, results from overall participants' IIFAS scores were neutral ranging between 37 and 85 (Charafeddine, Tamim et al. 2016). A significant positive association was examined between high IIFAS scores with higher education, higher income, and the number of breastfed children; on the contrary, lower BF attitude scores were associated with age, employment status, and a high number of children. Higher BFK and IIFAS scores were found more among support mothers than pregnant women. Also, pregnant women participating in a clinical trial were contacted and asked to fill a questionnaire to measure breastfeeding intentions using IFI (Yehya, Tamim et al. 2017). In this study, the intervention group received breastfeeding promotion and support, while the control group received standard care. Results, for the intervention group, showed that the mean IFI scores were weak (12%), moderate (28%), strong (30%), and very strong (30%). For this group, exclusive breastfeeding duration at 1 month was 64% and at 3 months was 40%. In the control group, lower IFI scores- 24% had very strong IFI scores- and exclusive breastfeeding durations- 46% EBF at 1 month, 41% at 3 months, and 31% at 6 months- were examined. In the intervention group, IFI scores were significantly correlated with EBF duration ($r = .624$; $p = .001$) and BF duration ($r = .624$; $p = .001$) whereas in the control group, IFI was

significantly correlated with BF attitudes ($r = .390$; $p < .001$) and previous BF experience ($r = .237$; $p = .011$).

In addition to that, a group of researchers has conducted a randomized control trial that aims to examine the effect of a multi-component breastfeeding intervention on breastfeeding knowledge, attitudes, behavior, and practices until 6 months of age (Nabulsi, Tamim et al. 2019). Participants allocated in the intervention group received antenatal breastfeeding education, professional, and peer support whereas the ones who were randomly assigned in the control group received standardized care. Results showed no statistically significant difference for exclusive breastfeeding as it ranged between 28 in the control and 35% in the invention group. Receiving the multi-component breastfeeding support, having a previous history of longer breastfeeding duration, and having fewer children were Positive predictors for exclusive breastfeeding at 6 months. At baseline, both groups had comparable breastfeeding knowledge and attitude scores were examined among both groups. However, the BFK scores were higher in the intervention (13.1) than the control (12.0) group, which was statistically significant between the groups at baseline and follow-up. The IIFAS for the intervention and the control groups at 6 months follow-up were 69.1 and 67.6 respectively. On the contrary to BFK, there was no statistical significance between the groups at baseline and follow-up scoring, indicating that both groups had similar breastfeeding attitudes and that the intervention was ineffective to influence breastfeeding attitudes among the studied sample. Lastly, a positive association was examined among exclusive breastfeeding for 6 months and positive breastfeeding knowledge, attitudes, and behavior. The results of this study highlight the importance of integrating multiple

interventions- breastfeeding education, professional support, and peer support- to support and promote breastfeeding among the Lebanese population.

CHAPTER III

OBJECTIVES AND SPECIFIC AIMS

This study aims to examine the association between maternal exposure, knowledge, attitude, and intentions to breastfeeding during pregnancy and breastfeeding practices to up until 6 months postpartum among Mother and Infant Nutrition Assessment (MINA) cohort participants.

The detailed study objectives are to:

- Examine maternal exposure, knowledge, attitude, and intentions to breastfeeding during pregnancy.
- Examine the breastfeeding initiation at birth and infant feeding practices at 4 and 6 months postpartum, according to the WHO definitions.
- Explore sociodemographic, economic, and geographic determinants of breastfeeding exposure, knowledge, attitude, and intentions among the MINA participants.
- Investigate the association between maternal exposure, knowledge, attitude, and intentions to breastfeeding with breastfeeding initiation, exclusive breastfeeding at 4 months, and 6 months.

This study will identify the gaps leading to the low breastfeeding rate in Lebanon. It will also help to develop and plan interventions to address this public health issue.

CHAPTER IV

MATERIALS AND METHODS

A. Study design

This study is part of the “Mother and Infant Nutrition Assessment (MINA) Cohort.” Briefly, the MINA study is a 3-year prospective cohort study conducted on mothers and their infants. The study was approved by the Institutional Review Board (IRB) at the American University of Beirut (Protocol ID: NUT. FN. 12). All eligible participants signed two copies of the informed consent (one copy for us and the other for the participant). (Appendix-Arabic Consent Form & English Consent Form).

B. Study Population

The MINA study randomly selected pregnant women attending obstetrics and gynecology clinics at different healthcare centers in Lebanon and Qatar. In Lebanon, Recruitments were done between November 2015 and March 2018 and took place at the American University of Beirut Medical Center (AUBMC) and Makassed General Hospital (MGH). The potential participants were approached while they were in the waiting areas of the clinics in the above centers, and the study protocol was introduced.

A total of 194 pregnant women in their first trimester have signed the consent form. Eligible participants were between 19-40 years of age, pregnant with a singleton- during the first trimester, and did not suffer from any chronic illness pre-conception. All participants had Lebanese nationality or had been living in Lebanon for at least 5 years,

were residing in areas close to the centers, and did not plan on permanently leaving the country during the study time.

On the contrary, pregnant women were excluded if they carried or had a history of carrying twins or multiple babies, chronic illness, or previously given birth to babies with physical or mental abnormalities (Appendix- Screening Sheet).

C. Study Protocol

Briefly, the MINA study is the first cohort study in the region to investigate the nutritional childhood exposures during the first 1000 days and to determine its association with growth patterns, obesity, and risk of developing NCDs later in life. [Detailed information on the MINA study can be found elsewhere (Naja, Nasreddine et al. 2016)]. In addition to that, at the end of the MINA study dietary guidelines will be produced to guide the Lebanese women about the optimal feeding patterns and ensure adequate nourishment. Participants enrolled in this study underwent a total of 9 visits- 3 were during pregnancy and 6 post-delivery, during which they filled a multicomponent questionnaire (Appendix- Study Timeline).

D. Study Focus

In this study, we focused on the data collected from the MINA participants in Lebanon only. In addition to that, this study aims to focus on the variables related to breastfeeding and its determinants, which were taken from visits 1,2,3, 4, and 5 of the MINA Study (Presented in Figure1).



Figure 2 MINA Study Timeline and Study Focus (Red)

Below is a detailed description of the main components of each visit.

1. Visit 1

All participants were approached in the waiting areas at their obstetrician-gynecologist (OBGYN) clinic. Interested participants were introduced to the consent, which included the study design, objectives, ethical considerations, and addressed their questions and concerns. Participants who completed visit 1 were during their first trimester from 1-13 weeks of gestation.

This report will focus on the following sections from visit 1:

a. General Information about The Current Pregnancy

This section includes variables related to family size, parity, and the number of children.

b. Demographic and Socioeconomic Characteristics

A total of 16 multiple choice questions were collected, which includes data related to maternal/paternal age (in years), an education level (grouped into up to high-

school and university of higher), employment status (grouped into employed and housewife), and the expected maternity leave duration (grouped into 49 days-old legislation, 70 days-new legislation, and others- 3 months, do not know, or not planning to return to work). In addition to that, information related to the household's number of rooms, number of individuals, crowding index (calculated based on household's number of individuals/household's number of rooms; grouped into <1 persons/room and ≥ 1 persons/room), monthly income (grouped into low < 1,499,000 Lebanese Pounds (LBP), medium 1,500,000- 2,999,000 LBP, high $\geq 3,000,000$ LBP and does not know/refused to answer), and area of residence (grouped into Beirut, Mount Lebanon, and other districts- South, Nabatiyeh, North, and Bekaa) were also collected.

2. *Visit 3*

Participants who completed this visit were during their third trimester- 27-42 weeks of gestation. The questionnaire for this visit was completed in the waiting areas of the participants' OBGYN clinics. The sections covered in this questionnaire are:

a. Maternal Exposure, Knowledge, Attitude, and Intentions regarding Infant Feeding Practices

i. Breastfeeding Exposure

The breastfeeding exposure scale includes information related to whether or not the pregnant women have witnessed others breastfeed, being breastfed as a child, and knowing someone who has breastfed (Kavanagh, Lou et al. 2012).

Participants who answered “yes” were given a score of 1 and “no or unsure” were given a score of 0. The total breastfeeding exposure score was computed by summing the scores of the 3 questions to give a total score of 3, which can be classified into low breastfeeding exposure (0 – 1 score) and high breastfeeding exposure (2-3 scores) (Hamade, Naja et al. 2014).

ii. Breastfeeding Knowledge

For the measurement of the individual breastfeeding knowledge, the “The Infant Feeding Knowledge Test” (BFK) was adapted (Grossman, Harter et al. 1991). This test contains a total of 20 questions- 10 multiple-choice and 10 true–false. The BFK test has been originally developed in the United States of America and validated in a cohort study on a group of low-income and multiracial pregnant women. It also has a reliability of 0.54 and 0.63.

In Lebanon, the BFK test had been adapted, translated from English to Arabic, and tested on a group of undergraduates and pregnant women (Hamade, Naja et al. 2014, Tamim, Ghandour et al. 2016). After that, this scale has been validated to show that 16 items of the Arabic version of the BFK were found to be reliable (0.639) and valid with similar to the original/English version of this test (Tamim, Ghandour et al. 2016).

Participants who gave the “correct” or “wrong” answers were given a score of 1 or 0, respectively. The total breastfeeding knowledge score was computed by summing the scores of all 20 questions to give a total score ranging from 0 to 20. Breastfeeding knowledge scores could be further classified into poor breastfeeding knowledge (a score

less than 9), fair knowledge (9 to 11), good knowledge (12 to 13), and very good knowledge (greater than 14) (Tamim, Ghandour et al. 2016).

iii. Breastfeeding Attitudes

Attitudes towards breastfeeding were measured using the “Iowa Infant Feeding Attitude Scale” (IIFAS). The IIFAS consists of 17 items with a five-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). [Adapted from (Mora, Russell et al. 1999)]. However, 9 questions of the IIFAS were reversed coded as their scores ranged from 5 (strongly disagree) to 1 (strongly agree). The five-point Likert scales could be further grouped into the following three categories: disagree/positive towards formula feeding (scores 1 and 2), neutral (score 3), and agree/positive towards breastfeeding (scores 4 and 5).

The English version of the IIFAS has also been adapted, translated to Arabic, and tested on a group of undergraduate students (Hamade, Naja et al. 2014, Charafeddine, Tamim et al. 2016). In Lebanon, the results from a validation study revealed that all 17 items of the Arabic version of the IIFAS were found to be reliable (0.640) and valid with similar to the original/English version of this test (Charafeddine, Tamim et al. 2016).

The total breastfeeding attitude score was calculated by summing all IIFAS questions and then dividing it by 17. The total breastfeeding attitude scores can range from 17 to 85 and could be further classified as a strong positive attitude toward formula feeding (a score of 17-52), positive attitude toward formula feeding (a score of 53-59), neutral attitude (a score of 60-75), positive attitude toward breastfeeding (a

score of 76-82), and strong positive attitude toward breastfeeding (a score of 83-85) (Charafeddine, Tamim et al. 2016).

iv. Breastfeeding Intentions

Breastfeeding intentions were measured using “The Infant Feeding Intention Scale” (IFI). The IFI scale consists of five infant feeding statements graded on a five-point Likert scale ranging from 0 (very much disagree) to 4 (very much agree) [Adapted from (Nommsen-Rivers and Dewey 2009)]. One statement was reverse coded and was given a score of 4 (very much disagree) to 0 (very much agree). The scores were grouped into the following three categories: disagree/negative intentions towards breastfeeding (scores 0 and 1), unsure (score 2), and agree/positive intentions towards breastfeeding (scores 3 and 4).

The first two statements measure the intention for breastfeeding initiation and the other statements measure the strength of intention to exclusively breastfeed to up to 6 months. The IFI scale was translated to Arabic (Hamade, Naja et al. 2014, Yehya, Tamim et al. 2017) and was found to be reliable (0.86) and valid with similar to the original/English version of this test (Yehya, Tamim et al. 2017).

Total breastfeeding intention scores were summing the average of the first two statements with the scores of the other three statements. The total IFI score ranges from 0 to 16, which could be further classified into weak (a score of 0 to 7.5), fair (8 to 11.5), strong (12 to 15.5), very strong (equal to 16) (Yehya, Tamim et al. 2017).

3. *Visit 4*

At this stage, participants had given birth and the child has reached 4 months of age. Data collection was located according to the mother's convenience- either at her house or workplace.

The sections from this visit will focus on:

a. Infant Feeding Practices

Information related to breastfeeding initiation was collected from the mother during this visit. The mother will be asked if she had ever breastfed the child and the time after the delivery of which the mother has initiated breastfeeding [grouped into ≤ 1 hour and >1 hour- based on the WHO definitions and indicators (Organization 2007)].

Infant feeding practices to up to 4 months of age were also determined by identifying if the infant had received exclusively breastfeeding or combined/mixed feeding [Classification was based on the WHO definitions and indicators (Organization 2007)].

4. *Visit 5*

After 2 months, the participated mothers completed the questionnaire for visit 5. At this stage, the child has reached 6 months of age, which determines that most of his/her feeding practices have been established. Data collection during this visit was like the previous visit as it also assessed the infant feeding practices of the child but to up to 6 months.

E. Variables of Interest

The variables that were used for the analysis of these results are presented in Table 1. This table facilitates the identification of the visit number, variable type, and shows some details/descriptions for each variable.

Table 1 List of variables for the analysis of the MINA study

Variable	Source/Visit	Type	Description	
Sociodemographic, Economic, and Geographic Factors				
Site of Recruitment	Visit 1	Dichotomous	AUMBC, MGH	
Maternal Age	Visit 1	Continuous	Question 27 Numerical	
First Child	Visit 1	Dichotomous	Questions 8 Yes/No	
Number of Children	Visit 1	Discrete	Questions 10 Numerical	
Number of Individuals in the Household	Visit 1	Discrete	Questions 37 Numerical	To calculate the Household's Crowding Index
Number of Rooms in Household	Visit 1	Discrete	Questions 38 Numerical	
Maternal Education Level	Visit 1	Polytomous, Ordinal	Question 28 Did not go to school, Primary School, Intermediate School, Secondary School, Technical Diploma, University Degree, or Refused to Answer	
Health-Related Degree	Visit 1	Dichotomous	Question 29 Yes/No	
Maternal Employment Status	Visit 1	Polytomous, Nominal	Question 30 Housewife, Full-time employee, Part-time employee, Self-employed, or Other	
Maternity Leave Duration	Visit 1	Polytomous, Ordinal	Question 31 After 49 days (about a month and a half), After 70 days (about two and a half	

			months), Three months later, I do not know, or I do not intend to resume work
Related to Husband	Visit 1	Dichotomous	Question 33 Yes/No
Father's Education Level	Visit 1	Polytomous, Ordinal	Question 35 Did not go to school, primary, intermediate, secondary school, technical diploma, university degree, or refused to answer
Area of Residence	Visit 1	Polytomous, Nominal	Question 32 Beirut, Mount Lebanon, South, Nabatieh, North or Bekaa
Monthly Household Income	Visit 1	Polytomous, Ordinal	Question 41 Less than 600,000 L.L, 600,001 - 999,999 L.L, 1,000,000 - 1,499,000 L.L, 1,500,000 - 1,999,000 L.L, 2,000,000 - 2,499,000 L.L, 2,500,000 - 2,999,000 L.L, 3,000,000 L.L or more, I don't know/not sure, or I refused to answer
Exposure, Knowledge, Attitudes, and Intentions to Breastfeeding			
Exposure to Breastfeeding	Visit 3	Dichotomous	Questions 12-14 Yes/No
The Infant Feeding Knowledge Test	Visit 3	Dichotomous	Questions 15-24 Yes/No Questions 25-34 Multiple Choice Questions
The Iowa Infant Feeding Attitude Scale	Visit 3	Polytomous, Ordinal	Questions 37, 39, 41, 43, 46, 47, 49, and 50 Likert Scale: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), or Strongly Agree (5) Questions 35, 36, 38, 40, 42, 44, 45, 48, and 51 Reversed Likert Scale: Strongly Disagree (5), Disagree (4), Neutral (3),

			Agree (2), or Strongly Agree (1)
The Infant Feeding Intentions (IFI) Scale	Visit 3	Polytomous, Ordinal	<p>Questions 52 Reversed Likert Scale: Very Much Agree (0), Somewhat Agree (1), Unsure (2), Somewhat Disagree (3), or Very Much Disagree (4)</p> <p>Questions 53-56 Likert Scale: Very Much Agree (4), Somewhat Agree (3), Unsure (2), Somewhat Disagree (1), or Very Much Disagree (0)</p>
Infant Feeding Practices			
Breastfeeding After Birth	Visit 4	Dichotomous	Questions 12 Yes/No
Breastfeeding Initiation	Visit 4	Polytomous, Ordinal	Questions 14 Immediately (< 1 hour), 1 hour, < 24 hours, or Days
Infant Feeding Practices at 4 Months	Visit 4	Polytomous, Ordinal Continuous	Questions 15 Exclusively breastfed: _____ weeks or months, Mixed (breast & formula milk) fed: _____ weeks or months, or Exclusively formula fed: _____ weeks or months
Infant Feeding Practices at 6 Months	Visit 5	Polytomous, Ordinal Continuous	Questions 10 Exclusively breastfed: _____ weeks or months, Mixed (breast & formula milk) fed: _____ weeks or months, or Exclusively formula fed: _____ weeks or months

F. Statistical Analysis

The received hard copy questionnaires were entered using Microsoft Access and then extracted to Excel spreadsheets. Descriptive statistics, including mean, standard deviation, proportion, and scoring were used to present: the 1) socio-demographic,

economic, and geographical characteristics of the MINA participants, 2) maternal exposure, knowledge, attitudes, and intentions towards breastfeeding, and 3) infant feeding practices at 4 and 6 months postpartum. Categorical variables were presented as number (percentage) and the continuous variables were presented as mean \pm standard deviation. Linear univariate regression was conducted to determine the predictors for breastfeeding exposure, knowledge, attitude, and intention scores among the MINA cohort participants. Simple logistic regression analysis was conducted to calculate the OR and their corresponding 95% confidence intervals describing the associations among breastfeeding exposure, knowledge, attitude, and intention scores with three main dependent variables: early breastfeeding initiation, exclusive breastfeeding at 4 months, and exclusive breastfeeding at 6 months. Statistical analyses were carried out using Statistical Package for Social Sciences (SPSS) software 25 (SPSS Inc., Chicago, IL). P-values less than 0.05 were considered statistically significant.

CHAPTER V

RESULTS

A. Sample Size

Figure 2 represents the recruitment flow of the MINA cohort participants in this thesis study. Overall, 450 participants were approached and asked to participate in the study. Out of those, a total of 194 participants have agreed to participate and consented. The participants who have completed visit 1 and visit 3 were 169 and 135 respectively. Since breastfeeding exposure, knowledge, attitude, and intentions were the main outcomes of this study, participants who have completed visit 3 (N=135) were selected and included in the analysis of the results. As for the postpartum data, only 100 participants have completed visits 4 and 5, thus infant feeding practices were determined from a subsample of the studied population due to loss to follow-up.

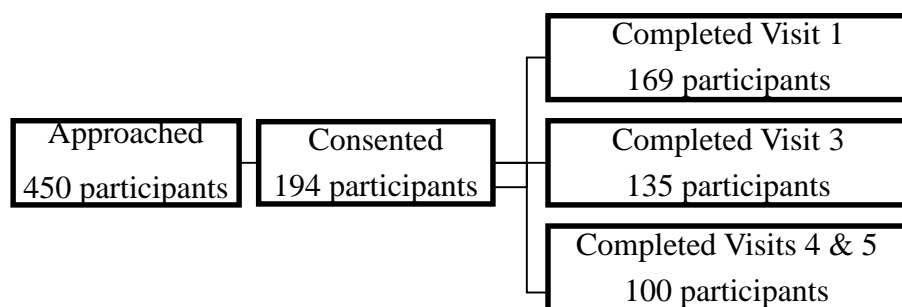


Figure 3 Flow chart of the MINA cohort subjects' recruitment

B. Study Characteristics

Table 2 displays the socio-demographic, economic, and geographic distribution among the MINA participants in Lebanon. The participants were recruited from two well-known hospitals in Beirut- 75% from AUBMC and 25% from MGH. Around 37% of the participants were older than 30 years, 39% were between 25-29.9 years, and 23.5% were younger than 25 years of age. More than 60% of the studied population were not expecting to have this pregnancy as their first child, as 58% had <2 children and 42% ≥ 2 children.

A total of 103 (77%) participated mothers had a university degree or higher, out of which 22 (21.4%) were health-related. More mothers were employed (63%) than those who were housewives (37%). As for the maternity leave duration, 53% of the working mothers were expecting to return to work after 70 days postpartum. 68% of the fathers had a university degree or higher and the majority (97%) were employed. More than half of the participants were residing in Beirut, 34.6% in Mount Lebanon, and 12.8% in the other districts. The household crowding index could be considered low as 74% of the households had a crowding index of <1 persons/room. The monthly household income of the studied population could be classified into the following: high (40%), medium (20%), and low (13.5%).

Table 2 Socio-demographic, economic, and geographic distribution among the MINA participants in Lebanon (Total= 135)

Socio-Demographic, Economic, and Geographic Characteristics	Total^{a †}
Site	
AUBMC	101(74.8)
MGH	34(25.2)
Maternal age (years)	
18-24.9	31(23.5)
25-29.9	52(39.4)
≥30	49 (37.1)
First Child	
Yes	49 (37.1)
No	83 (62.9)
Number of Children	
<2 children	38(57.6)
≥2 children	28(42.4)
Crowding Index	
<1 persons/room	99(74.4)
≥1 persons/room	34(25.6)
Mother's education level	
Up to high school	30(22.6)
University or more	103(77.4)
Health-Related Degree	
Yes	22(21.4)
No	81(78.6)
Mother's Employment Status	
Housewife	49 (37.1)
Employee	83 (62.9)
Maternity Leave	
49 days (1.5 months- old legislation)	8(10.7)
70 days (2.5 months- new legislation)	40(53.3)
Other ^b	27(36)
Related to husband	
Yes	12(8.9)
No	121(89.6)
Father's education level	
Up to high school	42(31.6)
University or more	91(68.4)
Father's employment status	

Not working	5(3.7)
Employee	129(96.3)
Area of residence	
Beirut	70(52.6)
Mount Lebanon	46(34.6)
Other districts ^c	17(12.8)
Monthly household income	
Low (< 1,499,000 LBP)	18(13.5)
Medium (1,500,000- 2,999,000 LBP)	27(20.3)
High (\geq 3,000,000 LBP)	53(39.8)
Does not know/ Refused to Answer	35(26.3)

†Column total number of participants (n) may be different because of missing data.

^a Categorical variables are presented as n (%); continuous variables are presented as Mean \pm SE.

^b Other includes participants who answered maternity leave of 3 months, not planning to return to work, or do not know the maternity leave duration.

^c Other districts include participants who are residing in South, Nabatiyeh, North, and Bekaa.

Abbreviations: AUBMC- American University of Beirut, MGH- Makassed General Hospital.

C. Breastfeeding Exposure

Overall, the mean breastfeeding exposure score was 2.8 \pm 0.5 (Table 3). After categorizing breastfeeding exposure scores, results showed that 97% of the participants had high exposure and only 3% had low exposure to breastfeeding. Moving forward, 85.8% of the pregnant mothers were breastfed as a child, 95.6% knew someone who has breastfed, and 94.8% had witnessed a woman breastfeeding.

Table 3 Breastfeeding Exposure among the MINA participants in Lebanon (Total= 135)

	Total
Ever been breastfed	
Yes	115(85.8)
No	19(14.2)
Knows someone who has breastfed	
Yes	129(95.6)
No	6(4.4)
Ever witnessed a woman breastfeeding	
Yes	128(94.8)
No	7(5.2)
Exposure to breastfeeding^a	2.8±0.5
Low	5(3)
High	130(97)

^a A score of 0 or 1 indicates low exposure to breastfeeding, and a score of 2 or 3 indicates high exposure (Hamade et al 2014)

D. Breastfeeding Knowledge

Table 4 displays the percentage of women, in the MINA cohort, who provided correct answers on the 20-item infant breastfeeding knowledge questionnaire. The overall knowledge scores ranged between 7 and 18 with the mean score 12.7±2.1. Most of the high-scoring items on the knowledge scale were related to breastfeeding recommendations, benefits, contraindication, and disagreeing with certain concerns/misconceptions. Most pregnant mothers have answered questions 8, 11, 14, and 20 correctly, as they knew that “the more often you breastfeed, the more milk you will have for your baby” (91%), “the best food for a newborn baby is breast milk” (98.5%), “you shouldn’t try to breastfeed if you drink a lot of alcoholic beverages” (98.5%), and “breastfed babies need only breast milk for the first 4 to 6 months” (85%). Also, a high percentage of the participants knew that breastfeeding might have protective benefits to the infant- lower risks of allergies (88%) and infections (89%)-

and mother- may get back to figure easier (83%) (questions 5, 9, and 17). In addition to that, working was not considered as a barrier to breastfeeding as 90% of the women have disagreed with the following statement “you shouldn’t try to breastfeed if you are planning to go back to work or school since you won’t be able to be with your baby for feedings” (question 7).

On the contrary, low-scoring items on the knowledge scale were related to the duration for breastmilk completeness, breastmilk adequacy, breastfeeding misconceptions, and concerns. For example, only 36% of pregnant mothers knew that breast milk does not make up a complete diet for a baby for the first year (question 2). Similarly, 53.3% believed that “many women are not able to make enough milk to feed their baby” (question 10). More than 80% of the mothers said that “breastfeeding mothers should never eat pizza or other spicy foods and/or coffee, tea, or other drinks with caffeine because babies may get a bad reaction to them” (question 12) and that “after a baby loses weight following birth, he/she will probably gain it back faster if he/she is breastfed” (question 13). Moreover, 41% of the mothers stated that breastfeeding for the first time will cause sore nipples in the breastfeeding mother (question 15). In addition to that, 65% of the participants lacked knowledge of reliable indicators for adequate infant nutrition, having 6 or more wet diapers in 24 hours, and instead answered that they would rely on crying (42%) and suckling (22%) for identifying infant feeding satisfaction (question 16). Other gaps in breastfeeding knowledge were related to the common belief that a breastfeeding mother(‘s) will lack assistance in infant feedings (34%) (questions 18. a), find it difficult to breastfeed in public places (22%) (questions 18. c), breasts will sag (43%) (questions 19. a), or breasts will become larger after stopping breastfeeding (24%) (questions 19. b).

Table 4 Percentage of Women in the MINA Cohort Who Provided Correct Answers on the 20-Item Infant Breastfeeding Knowledge Questionnaire (total sample size= 134)

The Infant Feeding Knowledge Test^a	n	%
1. Breastfeeding cuts down on the mother's bleeding after delivery True	89	65.9
2. Breast milk makes up a complete diet for a baby. No extras (food, vitamins, etc.) are needed until the baby is close to one year of age False	49	36.3
3. If your breasts are small, you might not have enough milk to feed the baby False	120	88.9
4. When a mother is sick with the flu or a bad cold, she can usually continue to breastfeed her baby True	79	58.5
5. Babies who are breastfed tend to get fewer allergies than babies who get formula True	119	88.1
6. The pill is the best way to keep from getting pregnant while you are breastfeeding False	89	65.9
7. You shouldn't try to breastfeed if you are planning to go back to work or school since you won't be able to be with your baby for feedings False	122	90.4
8. The more often you breastfeed, the more milk you will have for your baby True	123	91.1
9. Babies who are breastfed tend to get fewer infections than babies who get formula True	120	88.9
10. Many women are not able to make enough milk to feed their baby False	63	46.7
11. The best food for a newborn baby is: a. Breast milk b. Formula c. Breast milk and water	133	98.5
12. Because babies may get a bad reaction to certain foods, breastfeeding mothers should never eat: a. Pizza or other spicy foods b. Coffee, tea, or other drinks with caffeine c. All of the above d. None of these are correct	22	16.5
13. After a baby loses weight following birth, he/she will probably gain it back faster if: a. He/she is breastfed b. He/she is bottle-fed c. Neither is correct	20	15
14. You shouldn't try to breastfeed if you:	131	98.5

a. Have twins b. Have a c-section c. Drink a lot of alcoholic beverages		
15. Breastfeeding mothers' nipples get sore if: a. The baby's feeding position is not right b. The mother has light-colored skin c. This is the first baby she has breastfed	64	53.3
16. When you breastfeed, the best way to tell if the baby is getting enough milk is by: a. He/she does not suck on his/her fist after he/she is done nursing b. He/she does not cry c. He/she has 6 or more wet diapers in 24 hours	44	35.2
17. When you breastfeed: a. You may get your figure back easier b. You nearly always gain weight c. You may feel weak when you feed your baby	109	83.2
18. If you breastfeed: a. No one else can help her with the baby since you have to feed him/her b. More of your time will be taken up by the baby than if you bottle-feed c. It will be very difficult to feed the baby in public places d. None of the above are correct	37	31.1
19. Breastfeeding will probably make: a. Your breasts sag b. Your breasts larger after you stop breastfeeding your baby c. No difference in the size or shape of your breasts	41	33.1
20. Breastfed babies need: a. Only breast milk for the first 4 to 6 months b. A bottle of formula every day or so c. Extra water on a daily basis	113	85
Breastfeeding Knowledge Score		12.7±2.1 ^b

^a Breastfeeding Knowledge includes 10 Yes/No and 10 multiple-choice questions. The correct answer gets a score of 1 and the wrong answers get a score of 0. The sum of all answers will produce the breastfeeding knowledge score.

^b Overall participants had good breastfeeding knowledge. Classification based on a score less than 9 indicates poor breastfeeding knowledge, 9 to 11 indicates fair knowledge, 12 to 13 indicates good knowledge, and greater than 14 indicates very good knowledge (Tamim et al 2016)

E. Breastfeeding Attitude

Attitude scores among the MINA cohort participants ranged between a minimum of 46 and a maximum of 81, with a neutral overall mean attitude score of 64.1 ± 7.0 (Table 5). Most of the participated mothers perceived breastfeeding to cause increased infant/mother bonding (96%) and to be ideal for infant feeding (98%) (questions 3 and 12). As for overfeeding, 57% of the participants believed that “formula-fed babies are more likely to be overfed than are breastfed babies” (question 5). More than a quarter of the mothers agreed that “formula feeding is the better choice if the mother plans to work outside the home” (question 6). In addition to that, 55% of the participants disagreed that “women should not breastfeed in public places such as in restaurants” (question 8). While comparing breastmilk to formula feedings, 87% of the women agreed that it is more easily digested, 54% to be more convenient, and 98% said that it is less expensive (questions 13, 15, and 16). On the contrary, 88% of the women perceived that “formula is as healthy for an infant as breast milk” (question 14). Occasional alcohol intake was considered as a maternal dietary restriction since 73% of the mothers perceived it as a barrier to continue breastfeeding (question 17).

Table 5 Breastfeeding attitude during the third trimester among the MINA Cohort Participants (total sample size= 134)

The Iowa Infant Feeding Attitude Scale ^a	Mean±SD	Agree	Neutral	Disagree
1. The nutritional benefits of breast milk last only until the baby is weaned from breast milk ^b	3.2±1.5	56(41.8)	14(10.4)	64(47.8)
2. Formula-feeding is more convenient than breastfeeding ^b	3.8±1.4	34(25.4)	3(2.2)	97(72.4)
3. Breastfeeding increases mother/ infant bonding	4.7±0.7	129(96.3)	1(0.7)	4(3)
4. Breast milk is lacking in iron ^b	3.7±1.2	24(17.9)	28(20.9)	82(61.2)
5. Formula fed babies are more likely to be overfed than are breastfed babies	3.5±1.3	76(57.1)	25(18.8)	32(24.1)
6. Formula feeding is the better choice if the mother plans to work outside the home ^b	3.5±1.4	36(26.9)	10(7.5)	88(65.7)
7. Mothers who formula feed miss one of the great joys of motherhood	3.9±1.3	101(75.9)	10(7.5)	22(16.5)
8. Women should not breastfeed in public places such as in restaurants ^b	3.3±1.4	47(35.1)	14(10.4)	73(54.5)
9. Babies fed breast milk are healthier than babies who are fed formula	4.0±1.1	101(75.4)	15(11.2)	18(13.4)
10. Breastfed babies are more likely to be overfed than formula fed babies ^b	3.5±1.3	34(25.4)	27(20.1)	73(54.5)
11. Fathers feel left out if a mother breastfeeds ^b	3.6±1.2	30(22.4)	13(9.7)	91(67.9)

12. Breast milk is the ideal food for babies	4.8±0.5	131(97.8)	3(2.2)	0(0)
13. Breast milk is more easily digested than formula	4.3±0.9	116(86.6)	13(9.7)	5(3.7)
14. Formula is as healthy for an infant as breast milk ^b	4.4±0.9	9(6.8)	7(5.3)	117(88.0)
15. Breastfeeding is more convenient than formula feeding	3.3±1.5	72(53.7)	11(8.2)	51(38.1)
16. Breast milk is less expensive than formula	4.7±0.6	131(97.8)	2(1.5)	1(0.7)
17. A mother who occasionally drinks alcohol should not breastfeed her baby ^b	2.1±1.3	97(72.9)	12(9.0)	24(18.0)
Total	64.1±7.0 ^c	72(53.8)	12(9.1)	50(37.0)

^a Attitude scale includes statements of a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Attitude scores can range from 17 to 85 (Iowa Infant Feeding Attitude Scale). These scores were grouped into the following three categories: disagree/positive towards formula feeding (scores 1 and 2), neutral (score 3), and agree/positive towards breastfeeding (scores 4 and 5).

^b This was reversed when calculating the score.

^c Overall participants had a neutral breastfeeding attitude. Classification based on a score of 17-52 indicates a strong positive attitude toward formula feeding, 53-59 indicates positive attitude toward formula feeding, 60-75 indicates neutral attitude, 76-82 positive attitude toward breastfeeding, and 83-85 strong positive attitude toward breastfeeding. (Charafeddine et al, 2016)

A. Breastfeeding Intention

Table 6 presents breastfeeding intention scores during the third trimester among the MINA cohort participants. Breastfeeding intention scores ranged between 2 and 16 in the studied sample, with a mean score of 13.2 ± 3.6 , which indicates strong intentions for breastfeeding. Many of the participants (94%) agreed that “I am planning to at least give breastfeeding a try” (question 2). The intentions to exclusive breastfeeding continuation dropped from 87% to 56% during the first 6 months of age (questions 3, 4, and 5).

Table 6 Breastfeeding intentions during the third trimester among the MINA Cohort Participants (total sample size=134)

The Infant Feeding Intentions (IFI) Scale ^a	Mean±SD	Agree	Unsure	Disagree
1. I am planning to only formula feed my baby (I will not breastfeed at all) ^b	3.8±0.7	4(3.0)	5(3.7)	125(93.3)
2. I am planning to at least give breastfeeding a try	3.8±0.8	126(94.0)	2(1.5)	6(4.5)
3. When my baby is 1 month old, I will be breastfeeding without using any formula or other milk	3.6±1.1	116(86.6)	6(4.5)	12(9.0)
4. When my baby is 3 months old, I will be breastfeeding without using any formula or other milk	3.1±1.4	96(71.6)	16(11.9)	22(16.4)
5. When my baby is 6 months old, I will be breastfeeding without using any formula or other milk	2.7±1.5	75(56.0)	28(20.9)	31(23.1)
Total	13.2±3.6 ^c	104(77.8)	14(10.6)	49(36.6)

^a Intention scale includes statements of a 5-point Likert-type scale ranging from 0 (very much disagree) to 4 (very much agree). Intention scores can range from 0 to 16 (The Infant Feeding Intentions Scale). These scores were grouped into the following three categories: disagree/negative intentions towards breastfeeding (scores 0 and 1), unsure (score 2), and agree/positive intentions towards breastfeeding (scores 3 and 4).

^b This was reversed when calculating the score.

^c Overall participants had strong breastfeeding intention. Classification based on: A score of 0 to 7.5 indicates weak breastfeeding intention, 8 to 11.5 indicates fair intentions, 12 to 15.5 indicates strong intentions, and greater than 16 very strong intentions (Yehya et al, 2017)

B. Breastfeeding Practice

Postpartum breastfeeding initiation and infant feeding practices at 4 and 6 months among the MINA Cohort participants are presented in Table 7. Almost 61% of the participants have initiated breastfeeding within less than one hour and 97% have breastfed their children after birth. As for breastfeeding practices at 4 months, 41% of the studied sample was exclusive breastfeeding and 68% were giving combined/ mixed feedings. At 6 months, the rates of exclusive breastfeeding have dropped to 26% and combined feeding had increased to 76% at 6 months.

Table 7 Postpartum breastfeeding initiation and infant feeding practices at 4 and 6 months among the MINA Cohort Participants (total sample size= 100)

	n(%)
Breastfeeding initiation	
Breastfeeding initiation	
≤1 hour	62(60.8)
>1 hour	40(39.2)
Infant feeding practices	
Breastfed after birth	
Yes	99(97.1)
No	3(2.9)
Exclusive breastfeeding at 4 months^a	
Yes	41(41)
No	59(59)
Combined/mixed feeding at 4 months^b	
Yes	67(67.7)
No	32(32.3)
Exclusive breastfeeding at 6 months	
Yes	13(26)
No	37(74)
Combined/mixed feeding at 6 months	
Yes	50(75.8)
No	16(24.2)

a Exclusive breastfeeding includes infants who received no other food or drinks, not even water, other than breastmilk (including expressed milk) and specific medications (WHO- Global Data Bank definition)

b Combined/mixed feeding includes infants who received breastmilk and formula milk

C. Study Characteristics and Breastfeeding Scores

Table 8 presents simple linear regression analyses for the association of the sociodemographic, economic, and geographic characteristics of the MINA cohort participants with breastfeeding exposure, knowledge, attitude, and intention scores. The results indicated that among all characteristics considered in this study, being a participant from MGH was the sole determinant for lower breastfeeding exposure score ($\beta = -0.2$, 95% CI -0.4 to -0.0) and knowledge score ($\beta = -2.1$, 95% CI -3.0 to 1.2), that is, being recruited from MGH decreases the mean exposure score by 0.2 and knowledge score by 2.1. As for the breastfeeding knowledge scores, the results also showed that having a maternal age greater than 30, education of university degree or higher, being employed, and having a high household monthly income were determinants for better breastfeeding knowledge. Whereas, having a non-health-related degree decreases the mean knowledge score by 1.6.

Participants who were not pregnant with their first child and had a household crowding index of greater than or equal to one person per room had significantly lower mean intention scores to exclusive breastfeeding by 1.3 and 1.7, respectively. On the contrary, women who were residing in the South, Nabatiyeh, North, and Bekaa had a significantly higher mean breastfeeding intentions scores by 2.0 than those who were residing in Beirut or Mount Lebanon.

Table 8 Simple linear regression analyses for the association of characteristics with breastfeeding exposure, knowledge, attitude, and intention scores among the MINA cohort participants

	Exposure	Knowledge	Attitude	Intentions
	B (95% CI)	B (95% CI)	B (95% CI)	B (95% CI)
Site				
AUBMC	Ref	Ref	Ref	Ref
MGH	-0.2(-0.4, -0.0)	-2.1(-3.0,1.2)	0.6(-2.1, 3.4)	0.3(-1.09, -0.1)
Maternal Age (years)				
18-24.9	Ref	Ref	Ref	Ref
25-29.9	-0.1(-0.3, 0.1)	0.6(-0.5, 1.7)	0.2(-3.0, 3.4)	-1.5(-3.1, 0.1)
≥30	0.0(-0.2, 0.3)	1.3(0.2, 2.4)	-0.8(-4.1, 2.4)	-1.5(-3.2, 0.2)
First Child				
Yes	Ref	Ref	Ref	Ref
No	-0.0(-0.19, 0.2)	0.5(-0.4, 1.4)	-1.7(-4.2, 0.8)	-1.3(-2.6,-0.0)
Number of Children				
<2 children	Ref	Ref	Ref	Ref
≥2 children	0.2(-0.0, 0.4)	-0.2(-1.5,1.1)	-0.1(-0.1, 3.5)	0.3(-16, 2.2)
Crowding Index				
<1 persons/room	Ref	Ref	Ref	Ref
≥1 persons/room	0.1(-0.1, 0.3)	-0.6(-1.6,0.4)	-2.0(-4.7, 0.8)	-1.7(-3.1,-0.3)
Mother's education level				
Up to high school	Ref	Ref	Ref	Ref
University or more	-0.0(-0.3,0.2)	1.9(0.8, 3.0)	2.3(-0.5, 5.2)	0.5(-1.0, 2.0)
Health Related Degree				
Yes	Ref	Ref	Ref	Ref
No	-0.2(-0.4, 0.1)	-1.6(-2.5,-0.7)	-1.0(-3.7, 1.8)	-0.1(-1.5,1.3)
Mother's Employment Status				

Housewife	Ref	Ref	Ref	Ref
Employee	-0.1(-0.3, 0.1)	1.4(0.6, 2.2)	1.6(-0.9, 4.1)	0.6(-0.7, 1.9)
Maternity Leave				
49 days (Old legislation)	Ref	Ref	Ref	Ref
70 days (New legislation)	-0.1(-0.6, 0.3)	0.1(-1.6, 1.9)	-3.2(-9.0, 2.6)	-0.2(-3.0, 2.5)
Other	-0.2(-0.7, 0.3)	0.9(-1.1, 2.8)	-0.5(-6.5, 5.5)	1.5(-1.4, 4.3)
Related to husband				
Yes	Ref	Ref	Ref	Ref
No	-0.1(-0.4, 0.3)	0.5(-1.1, 2.2)	2.6(-1.6, 6.8)	-0.2(-2.3, 2.1)
Father's education level				
Up to high school	Ref	Ref	Ref	Ref
University or more	0.0(-0.2, 0.2)	1.7(0.8, 2.6)	1.9(-0.6, 4.5)	0.1(-1.3, 1.4)
Area of residence				
Beirut	Ref	Ref	Ref	Ref
Mount Lebanon	-0.2(-0.4, 0.0)	-0.1(-1.0, 0.9)	-0.2(-0.9, 2.5)	-0.1(-1.4, 1.3)
Other districts ^b	-0.1(-0.4, 0.2)	0.8(-0.6, 2.1)	-0.4(-4.2, 3.4)	2.0(0.0, 3.9)
Monthly income				
Low	Ref	Ref	Ref	Ref
Medium	0.1(-0.3, 0.4)	1.5(-0.0, 3.0)	2.1(-2.1, 6.3)	0.6(-1.6, 2.8)
High	-0.0(-0.3, 0.3)	2.2(0.8, 3.7)	3.0(-0.8, 6.8)	0.1(-1.9, 2.1)
Does not know	0.2(-0.1, 0.5)	0.9(-0.5, 2.4)	0.8(-3.3, 4.8)	-0.2(-2.3, 2.0)

D. Breastfeeding Scores and Practices

The correlates of breastfeeding initiation and exclusive breastfeeding at 4 and 6 months were examined among the study participants, using simple logistic regression (Table 9). Results showed the mean breastfeeding intention score (OR 1.4, 95% CI 1.1 to 1.7) were associated with significantly higher odds of exclusive breastfeeding at 4 months. Also, having a higher mean breastfeeding exposure score was associated with significantly lower odds of exclusive breastfeeding at 6 months (OR 0.1, 95% CI 0.0 to 0.7).

Table 9 Simple logistic regression analysis for the association of breastfeeding scores with breastfeeding practices among MINA cohort participants

Breastfeeding Scores	Early Breastfeeding Initiation	Exclusive Breastfeeding at 4 Months	Exclusive Breastfeeding at 6 Months
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Exposure	1.1 (0.5, 2.42)	0.8 (0.4, 1.7)	0.1 (0.0, 0.7)
Knowledge	1.0 (0.8, 1.3)	1.1 (1.0, 1.4)	1.3(0.9, 1.7)
Attitude	1.5(1.0, 1.1)	1.1 (1.0, 1.1)	1.0(0.9, 1.1)
Intention	1.1 (1.0, 1.2)	1.4 (1.1, 1.7)	1.5(0.8, 2.7)

CHAPTER VI

DISCUSSION

This present study examined breastfeeding exposure, knowledge, attitude, and intentions among pregnant women in their third trimester with the impact of these constructs on postpartum breastfeeding practices. The data represent the characteristic of the Lebanese women, a small Middle Eastern country, who were part of the “Mother and Infant Nutrition Assessment Cohort Study”. As noted earlier, Lebanon has low rates of exclusive breastfeeding and continuation, which is considered a public health concern (Al-Sahab, Tamim et al. 2008, UNICEF 2010). This study will help us to determine the gaps leading to the low breastfeeding practices in Lebanon and to plan public health interventions aiming at supporting breastfeeding and protecting future generations. Evidence from the literature suggests that maternal breastfeeding knowledge, attitudes, and intentions during pregnancy highly influence postpartum optimal breastfeeding practices (Yehya, Tamim et al. 2017, Zhu, Zhang et al. 2017). For this reason, the investigation of maternal exposure, knowledge, attitude, and intentions to breastfeeding during pregnancy will help to develop context-specific interventions and address the determinants of breastfeeding in the MENA region aiming to improve breastfeeding initiation, exclusivity, and continuation according to the international guidelines and recommendations.

The results showed a significant positive association between high levels of breastfeeding knowledge and older age, higher education, health-related major, high-income levels, and being recruited from AUBMC. Overall, the participants had a good breastfeeding knowledge with a mean score of 12.74 ± 2.10 . This breastfeeding

knowledge score is consistent with evidence from previous studies conducted by Saudi Arabian mothers (Saied, Mohamed et al. 2013) and Lebanese pregnant women (Tamim, Ghandour et al. 2016). Our results also showed that participants who were older than 30 years had higher BFK scores, which was also examined in the literature. Studies conducted on undergraduate students in Malaysia and Lebanon/Syria showed lower BFK scores than those reported among women (Hamade, Naja et al. 2014, Hamid and Yahya 2018) (Figure 4). This variation in breastfeeding knowledge between mother's age could be related to higher education status and higher intentions/readiness to breastfeed.

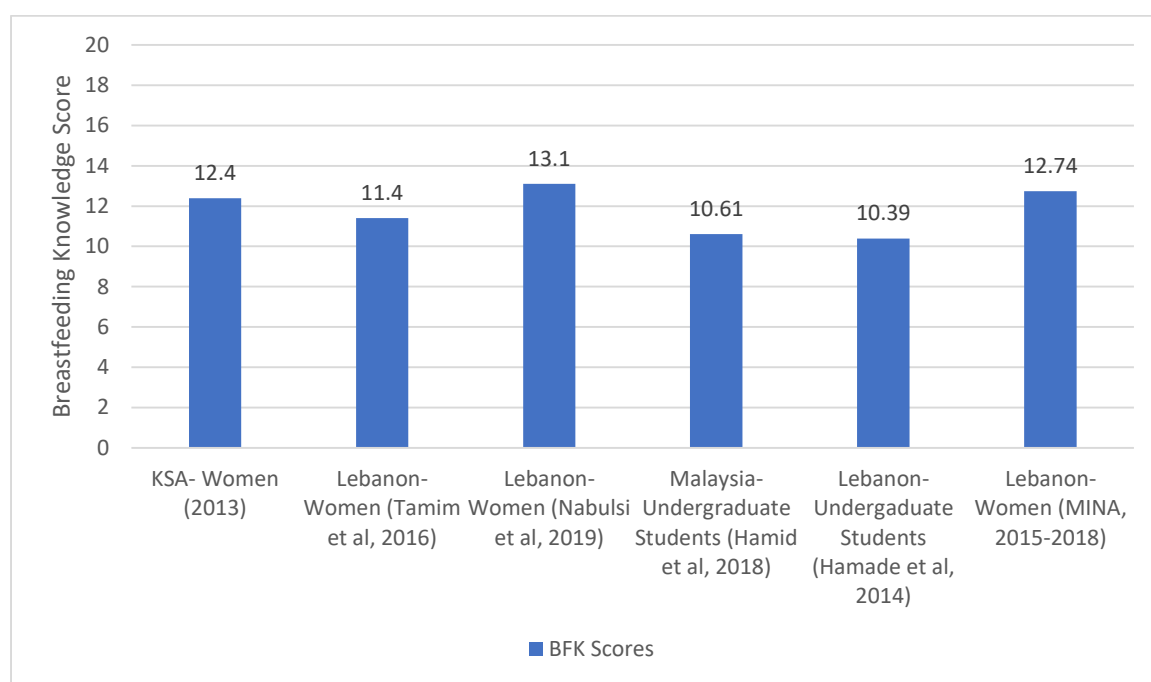


Figure 4 Breastfeeding Knowledge Scores Across and Within Countries

Most of the high-scoring items on the knowledge scale related to breastfeeding benefits and alcohol contraindication were similarly reported in a study conducted in 2016 (Tamim, Ghandour et al. 2016). In this study, a group of researchers has used the

BFK to validate and measure breastfeeding knowledge on 417 Lebanese pregnant women in two university hospitals in Beirut. Moreover, both studies have stated that return to work was not perceived as a barrier for mothers to initiate or continue breastfeeding. However, the results in a qualitative study in 2011 were contradictory as they showed that return to work was the main barrier to breastfeeding continuation (Nabulsi 2011). An explanation for this could be because the qualitative study conducted in 2011 was before the update of the maternity leave legislation in 2014, which gives the working mother 70 days paid leave instead of 40 days. In our study, 63% of the mothers were employed and the results showed statistical significance between breastfeeding knowledge and maternal employment status, higher paternal/maternal education, and higher income levels. The results indicate that those indicators are interrelated as higher educational levels provide more stable employment opportunities with consistent and higher salaries. Also, higher education allows the parents to search and rely on credible resources to allow them to better choose the optimal infant feeding practice for their newborn. The results from this study highlight the importance of the proper implementation of the maternity leave legislation by the organizations.

Major knowledge gaps identified among the Lebanese mothers were related to the duration for breastmilk completeness, breastmilk adequacy, breastfeeding misconceptions, and concerns. Breastfeeding misconceptions and concerns stated in this study were similar to the ones presented among previously conducted studies on youth and mothers in Beirut (Osman, El Zein et al. 2009, Nabulsi 2011, Hamade, Naja et al. 2014). A longitudinal study conducted in Lebanon showed that common beliefs and concerns related to having inadequate amounts of milk, changes in the milk quality, and

concerns for lack of infant satisfaction (Osman, El Zein et al. 2009). Consistent with our results, a qualitative study in Lebanon has found that most mothers perceived breastfeeding to have a negative effect of breastfeeding on their breasts (sag), figure (gain weight), pain, and tiredness (Nabulsi 2011).

Another concern was related to having bad or harmful milk and a lack of infant satisfaction. In addition to that, having six or more wet diapers in 24 hours was a poorly known marker for adequate infant nutrition among undergraduate students, pregnant mothers (Hamade, Naja et al. 2014, Tamim, Ghandour et al. 2016), and MINA the cohort participants. This confirms that breastfeeding is still considered a taboo and a lot of misconceptions and concerns are still embedded within the local Lebanese context and across generations. To address those cultural misconceptions and to increase breastfeeding knowledge in Lebanon it is important to start planning breastfeeding education programs at a young age (Hamade, Naja et al. 2014).

The findings for this study showed a neutral breastfeeding attitude among the participated Lebanese pregnant women. This neutral breastfeeding attitude was also not found to be associated with any postpartum breastfeeding behavior. Similar results were examined among previously conducted studies in Lebanon (2019), but higher results than those conducted among Japanese, Saudi, and Lebanese (2016) women (Inoue, Binns et al. 2013, Saied, Mohamed et al. 2013, Charafeddine, Tamim et al. 2016, Cotelo, Movilla-Fernández et al. 2018, Nabulsi, Tamim et al. 2019) (Figure 5). The results also showed that 55% agreed with breastfeeding in public. Despite this slight improvement in the attitudes towards breastfeeding in public places, it remains low as it is considered culturally inappropriate. Also, this concern has been previously cited in the Saudi literature, but to our knowledge, no specific research has been made related to

this topic in our context (Saied, Mohamed et al. 2013). The negative attitudes towards breastfeeding in public places observed in the studied population arise from the cultural unacceptability and stigmatization of mothers who breastfeed in public. Cultural views coupled with the lack of breastfeeding-friendly places in the region are the main barriers hindering successful breastfeeding practices in public places.

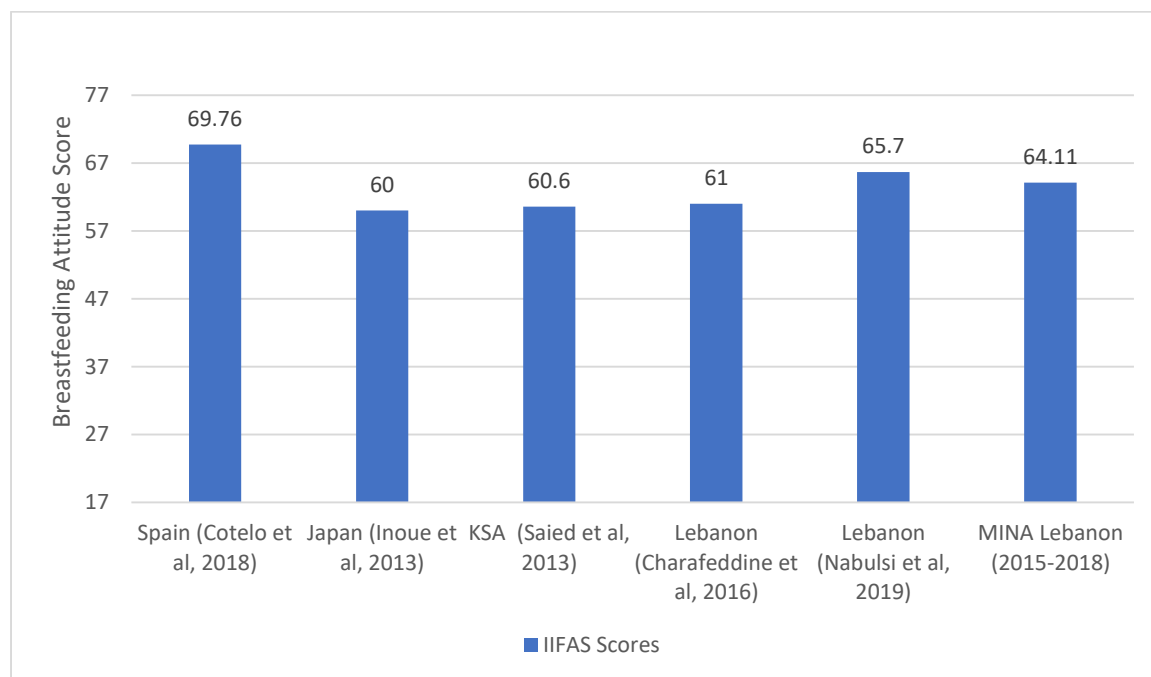


Figure 5 Breastfeeding Attitude Scores Across and Within Countries

A negative attitude is seen towards breastfeeding among working mothers, which was not explored among their knowledge, as 27% of the mothers believed that formula feedings should be introduced if the mother plans to work. This finding is worrisome, although it is low, especially that the percentage of working mothers is increasing in Lebanon, as 63% of the MINA cohort participants were employed and 68% gave combined/mixed feedings for the first 4 months of age. In Lebanon, formula feeding is common as it is introduced within the first 15 days and concerns related to the early return to work and/or inadequate work schedule are still present (Nabulsi 2011, Mattar,

Hobeika et al. 2019). The findings from this study and previously conducted highlight the need for organizational policies to support breastfeeding at the workplace that can be done through giving pumping breaks, providing breastfeeding education to working mothers, and flexible time schedules.

The results also pointed out that breastfeeding knowledge and attitude during pregnancy was not associated with breastfeeding initiation within the first hour nor breastfeeding behavior at 4 months and 6 months and the breastfeeding intention score was associated with exclusive breastfeeding for the first 4 months only. A cohort study conducted on Malaysian women has found a weak association between breastfeeding intentions during pregnancy with breastfeeding initiation and exclusivity postpartum (Ismail, Alina et al. 2016). Interestingly, an explanation for this might be because actual decisions cannot be made during pregnancy and that it is not a real or a practical decision to be sustained for the next 6 months and that there are many external and environmental barriers affecting the compliance to breastfeeding behavior.

The study findings showed that the MINA participants had strong intentions to breastfeed, as the mean breastfeeding intention score was 13.2 ± 3.6 . Most of the participated mothers (94%) agreed that “I am planning to at least give breastfeeding a try”. According to the TPB, intentions are important predictors to establish the desired behavior (Ajzen 1991). This is seen in our studied sample, as 97% of the participants have started breastfeeding after birth, similar rates were examined in KSA, regardless of the breastfeeding continuation rate (Ahmed and Salih 2019). Similar results were presented in a cross-sectional study conducted on Lebanese infants and toddlers, as they stated that 66% of the infants did not receive formula milk at all right after birth (Issa, Hobeika et al. 2019). It is also worth mentioning that lower breastfeeding intention

scores were examined among individuals with a ≥ 1 crowding index, due to embarrassment, and who were multiparous, due to preoccupation.

In this cohort, 61% of the participants have initiated breastfeeding within less than one hour, as it was more prevalent among those who had a non-health-related degree [2.576 (1.038, 6.397)]. The rates for breastfeeding initiation are higher than the global or regional rates, but lower than the previous national rates (Collective, Unicef et al. 2017, Ahmed and Salih 2019) (Figure 6). The results show that breastfeeding initiation according to the WHO recommendation is experiencing some positive progress as more people are applying this recommendation without any significant differences among the population subgroups. This confirms that the studied hospitals are properly enforcing and applying the laws to have a supportive baby environment.

EBF rates for the first 6 months reported in this cohort are lower than the global, regional, and nationally reported rates (Victora, Bahl et al. 2016, Yehya, Tamim et al. 2017) (Figure 6). Mothers in this cohort study showed higher commitment to breastfeeding when compared to the exclusive breastfeeding practices at 6 months in 2013 (UNICEF 2013) but lower than the practices in 2017 and 2019 (Yehya, Tamim et al. 2017, Mattar, Hobeika et al. 2019). The trend from BF initiation and exclusivity is on decreasing pattern, which is similar to that previously reported in Lebanon and around the globe (Victora, Bahl et al. 2016, Yehya, Tamim et al. 2017, Issa, Hobeika et al. 2019).

To sum up, this cohort examined that there are low rates of breastfeeding initiation and exclusivity although the participants had strong breastfeeding intentions and have breastfed after birth. For this reason, supporting mothers during the postpartum period is important to address the low breastfeeding rates in Lebanon. In this cohort, the

assessment of breastfeeding exposure, knowledge, attitude, and intentions during pregnancy helped to identify the gaps leading to the poor breastfeeding practices in Lebanon. This confirms that planning the recommended interventions will save the breastfeeding rates in Lebanon and improve public health.

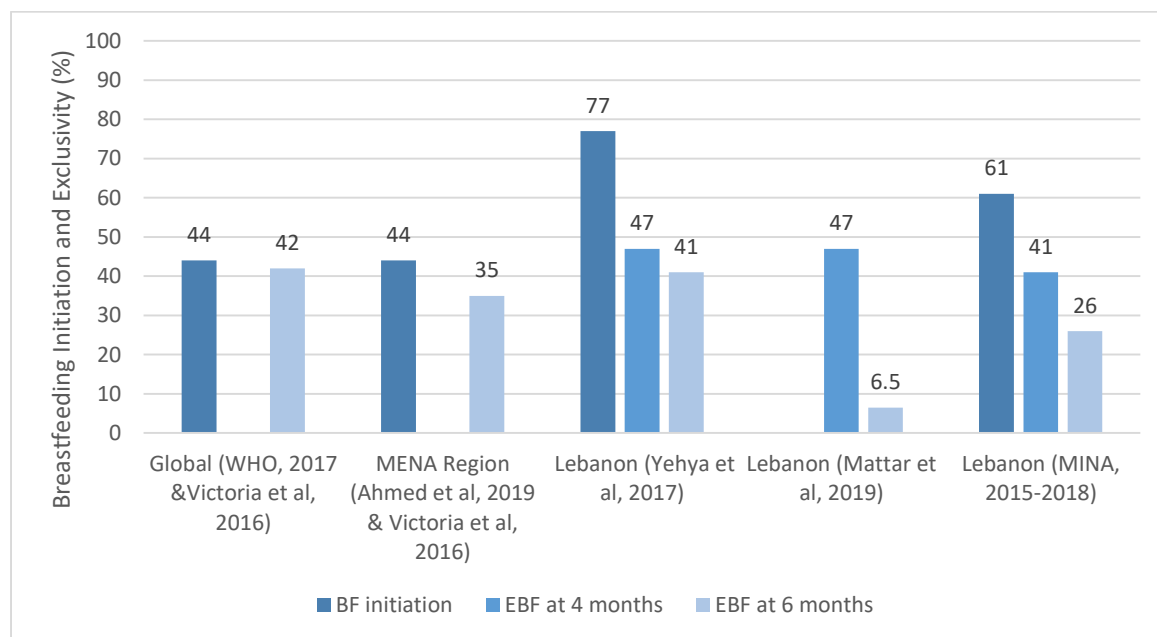


Figure 6 Breastfeeding Practices Across and Within Countries

There are certain aspects of this study that makes it strong. First, the cohort longitudinal design of this study allows it to have a temporal relationship meaning that breastfeeding exposure, knowledge, attitudes, and intentions occurred during pregnancy and can predict postpartum breastfeeding practices. In addition to that, the scales and tools that were used to measure breastfeeding exposure, knowledge, attitudes, and intentions were used internationally and were adapted, translated to Arabic, and validated to make them more reliable in our context (Charafeddine, Tamim et al. 2016, Tamim, Ghandour et al. 2016, Yehya, Tamim et al. 2017). Lastly, the study results showed that the participants had high breastfeeding

intentions but low breastfeeding initiation and continuation. As it also allowed us to pinpoint and identify gaps leading to these low breastfeeding rates in the country that will help in planning and developing future interventions to promote and support breastfeeding among Lebanese mothers.

Despite those advantages, this study has few limitations. First, causality related to the determinants of breastfeeding cannot be established since this is an observational study. Also, the study participants consisted of a small sample that represents the highly educated, urban, and employed women. Moreover, we lost to follow-up many participants as the postpartum infant feeding practices were only collected from a subsample. All the previously mentioned factors limit our ability to make the information generalizable to the entire Lebanese population and were the reason for the lack of significant associations for certain variables. Lastly, it is important to note that all the assessments conducted in this cohort were carried out before the occurrence of the economic crisis in Lebanon. So, the values for the employment status and the monthly household income levels might not represent the current situation in Lebanon.

Future recommendations for this study might include combing the results for breastfeeding scores and practices for both countries, which will help us to see the difference across both countries and to identify the gaps. In addition to that, this will be increasing the sample size and the statistical power of the results. We also recommend for future studies to examine the breastfeeding scores among influencing others- the husband, her mother, and mother-in-law- to allow greater support for breastfeeding continuation and to limit the cross of concerns/misconceptions to future generations.

CHAPTER VII

CONCLUSION AND RECOMMENDATIONS

The results from this study provide valuable information related to breastfeeding exposure, knowledge, attitude, intentions during pregnancy along with postpartum breastfeeding initiation, practices, and determinants in the MENA region. The study highlighted major concerns and misconceptions in knowledge and attitude that could be related to the duration for breastmilk completeness, breastmilk adequacy, and breastfeeding effects on breast shape/size. Those factors are important since they influence breastfeeding intentions which predict breastfeeding exclusivity at 4 months postpartum.

Interestingly, the findings showed some disparities for the predictors of breastfeeding knowledge scores as they were more prevalent among older age, higher education, health-related degree, and higher-income individuals. We recommend providing breastfeeding education sessions to youth and pregnant women aiming at increasing breastfeeding knowledge and readiness in our society. In addition to that, postpartum peer and professional support groups can be beneficial to encourage mothers to continue breastfeeding. The peer support intervention, which can be given by other pregnant women or mothers, will provide the mothers with emotional support and will build the mother's social capital. Whereas professional support will assist the mothers through the technical aspects of breastfeeding and will correct the misconceptions and concerns that pass across generations. A randomized control trial conducted in Lebanon has indicated that the intervention group, who received prenatal breastfeeding education and postpartum professional lactation support, were six times more likely to exclusively

breastfeed their infants for the first six months than those who received standard care (Nabulsi, Tamim et al. 2019). In both groups, breastfeeding knowledge and attitude increased significantly from baseline to follow-up at 6 months, with the intervention group having much higher scores at the end of the intervention.

Previous efforts have stated that the determinants of breastfeeding should not be linked to a single level involving maternal knowledge and skills, but to a wider community, organizational, and public policy levels (Akik C 2015). Organizational policies must be set in place that addresses the breastfeeding issue for working mothers. Those policies must include details related to educating staff, flexible work schedules, private rooms, and storage space to ease the process of breastmilk express and storage (Shealy, Li et al. 2005). A study conducted in California has shown that 75% of mothers, who were supported for breastfeeding at the workplace, have continued to breastfeed for 6 months of age (Cohen and Mrtek 1994). This study has provided valuable information related to breastfeeding behavior in Lebanon. Further investigations are needed to influencing others to identify the barriers to breastfeeding and plan effective evidence-based interventions for breastfeeding promotion in the MENA region.

APPENDICES

APPENDIX A CONSENT FORM (ENGLISH)

Institutional Review Board
American University of Beirut
RESEARCH CONSENT FORM 1; PROTOCOL NUMBER: NUT.FN.12

14 AUG 2017

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<p>It is important that you read the below information carefully to understand the objectives, procedures, benefits, and risks related to the project, before agreeing to participate in the study. While you are reading, please feel free to ask any questions if you need any clarification about what is stated in this form or if you need any additional information.</p>
<p>1. Title of Research</p> <p>Mother and Child Cohort: Towards Curbing the Epidemic of Non-communicable Diseases in Lebanon</p>
<p>2. Principal Investigators</p> <ul style="list-style-type: none"> • Dr. Farah Naja, American University of Beirut
<p>3. Why Are We Inviting You to Join this Research?</p> <p>The investigators at AUB are conducting this research at the American University of Beirut Medical Center (AUBMC), the Makassed General Hospital and at 8 Primary Health Centers (PHC) in Beirut.</p> <p>We are inviting you to join because you are in your first trimester of pregnancy and are visiting the obstetrics and gynecology (OBGYN) clinics at the AUBMC, MGH or PHC.</p>
<p>4. What Should You know about the Invitation?</p> <p>You have been offered a letter of introduction about this study by registration personnel at the OBGYN's private clinics at AUBMC or Makassed General Hospital or the Primary Health Centers included in this study. When approached by the research assistant about your interest in this study, you have indicated that you'd like to know further information about it. Now we will tell you more about our research and answer your questions.</p> <ul style="list-style-type: none"> • Whether or not you join is your decision (you can accept or refuse no matter who is inviting you to participate) • You are free to ask any questions you want before deciding • You can say yes but change your mind later • You can say no and your decision will not affect, in any way, your relationship with your physician and the healthcare team of this hospital or health care center.
<p>5. Who Can You Talk To?</p> <ul style="list-style-type: none"> • If you have questions or concerns, or if you think the research has hurt you in any way, you can contact: Dr. Farah Naja Tel: 009611350000, ext: 4504 Email: fn14@aub.edu.lb • If you have questions about your rights as a volunteer, or you want to talk to someone outside the research team, please contact: Biomedical Sciences Institutional Review Board, American University of Beirut, Lebanon Tel: 00961 1 374374, ext: 5445 Email: irb@aub.edu.lb

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<p>6. Why Are We Doing this Research?</p> <p>Obesity, diabetes, hypertension, cancer and other non-communicable diseases are increasing in Lebanon. We would like to know what the effect is of dietary intake early in life (starting in the womb and up to the age of two) on childhood growth patterns and obesity, as these affect the risk of non-communicable diseases later in life.</p>
<p>7. How Long Will the Research Take?</p> <p>You will be in the research throughout your pregnancy and until your child becomes 2 years old. The study will last for the next 3 years.</p>
<p>8. How Many People Will Take Part?</p> <p>We plan to recruit 250 participants by direct approaching. The research will include 125 subjects from AUBMC and 125 subjects from Makassed General Hospital and 8 PHCs included in this research study (the Makassed Horj Medical Center, Zarif Medical Center, the Child and Mother Welfare Medical Center, Dar Al Fatwa Health Care Center, the Makhzoumi Medical Center Al Mazraa as well as the 3 PHCCs under the supervision of the Health Directorate Rafik Hariri Foundation: Tariq Jdidi, Zarif and Ras El Nabe'.</p>
<p>9. What Happens if You Take Part?</p> <p>If you agree to join this study, a total of 9 visits with one of our research team members will take place throughout the 3-year study period. These visits will be distributed according to the timeline below.</p> <p>During Pregnancy: We will see you for a total of 3 times while you are at your routine visits to your obstetrician. Each visit should not take longer than 30 to 45 minutes, while you are waiting in the OBGYN clinic waiting room.</p> <p>Visit 1: During your 1st trimester</p> <p>We will assess your:</p> <ul style="list-style-type: none"> • Weight, height, and waist circumference • Blood pressure • Pre-pregnancy weight, dietary intake (FFQ), and supplement use • Current dietary intake (24hr), supplement use, and lifestyle practices (smoking and alcohol intake) <p>We will also ask you some questions relating to your household such as:</p> <ul style="list-style-type: none"> • Education, occupation, etc. • Household food security <p>Also, during one of your 1st trimester visits to the laboratory to conduct routine blood tests, we will withdraw an additional blood sample (15 ml) to assess your micronutrient status of:</p> <ul style="list-style-type: none"> • hemoglobin and ferritin • vitamins: A, D, B9 (folate) and B12 • lead • zinc

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We will also request from you to provide us with a urine sample (20 ml) to assess the levels of iodine and creatinine in urine.

Before visit 2, we will call you by phone at a time convenient for you to conduct a 24-hour dietary recall, which should not take more than 15-20 minutes.

Visit 2: During your 2nd trimester

We will measure your:

- Weight
- Blood pressure
- Current dietary intake (FFQ and 24h), supplement use, and lifestyle practices (smoking, alcohol intake, and physical activity)

After visit 2, you will be contacted by phone at a time convenient for you to collect three 24-hour dietary recalls (one 24-hour recall per week for 3 consecutive weeks), with each not taking more than 15-20 minutes.

Visit 3: During your 3rd trimester

We will measure your:

- Weight
- Blood pressure
- Current dietary intake (FFQ and 24h), supplement use, and lifestyle practices (smoking and alcohol intake)
- Exposure, knowledge, attitudes, and intentions towards infant feeding practices

Just After Delivery: We will visit your physician at the hospital and ask him/her to provide the research team with the below information, which will be accessed only by your physician from your medical records and/or from each physician's private clinic records.

We will obtain information about your:

- Pre- and post-delivery weights
- Oral glucose tolerance test results
- Baby's birth outcomes (sex, gestational age, birth date, weight, length, and head circumference)
- Delivery method
- Occurrence of complications during pregnancy
- Occurrence of complications during delivery

After Delivery: We will see you and your child for a total of 6 visits. Visits will be scheduled at your convenience and will take place in your home. Each visit should not take longer than 30 to 45 minutes.

Visits 4: At 4 months post-partum

We will measure your:

- Weight, waist circumference, and percent body fat
- Dietary intake (FFQ and 24hr) and supplement use

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We will also measure your child's:

- Weight, length, head circumference, and mid-upper arm circumference
- Feeding practices
- Dietary intake and supplement use

Visit 5: At 6 months post-partum

We will measure your:

- Weight, waist circumference, and percent body fat
- Dietary intake (24hr), supplement use, lifestyle practices (smoking and alcohol intake)
- Household food insecurity

We will also measure your child's:

- Weight, length, head circumference, and mid-upper arm circumference
- Feeding practices
- Dietary intake and supplement use

Visit 6: At 9 months post-partum

We will measure your:

- Weight, waist circumference, and percent body fat

We will also measure your child's:

- Weight, length, head circumference, and mid-upper arm circumference
- Feeding practices
- Dietary intake and supplement use

Visit 7: At 12 months post-partum

We will measure your:

- Weight, waist circumference, and percent body fat
- Dietary intake (24hr) and supplement use
- lifestyle practices (smoking, alcohol intake, and physical activity level)

We will also measure your child's:

- Weight, length, head circumference, and mid-upper arm circumference
- Feeding practices
- Dietary intake and supplement use

We will also assess the eating environment at home.

Visit 8: At 18 months post-partum

We will measure your:

- Weight, waist circumference, and percent body fat
- Dietary intake (FFQ and 24hr) and supplement use

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- We will also measure your child's:
- Weight, length, head circumference, and mid-upper arm circumference
 - Feeding practices
 - Dietary intake and supplement use

We will also assess the eating environment at home.

Visit 9: At 24 months post-partum

- We will measure your:
- Weight, waist circumference, and percent body fat
 - Dietary intake (24hr) and supplement use
 - Lifestyle practices (smoking, alcohol intake, and physical activity)

- We will also measure your child's:
- Weight, length, head circumference, and mid-upper arm circumference
 - Feeding practices
 - Dietary intake and supplement use

We will also assess the eating environment at home.

10. Could the Research Be Bad for You?

There are no foreseeable risks resulting from your participation in this study. Your participation will not cause you any physical or emotional harm. Some of the questions we will ask may bother you, but you can choose not to answer if you feel that your personal/family privacy is being invaded.

Also, although blood samples will be withdrawn once during the 1st trimester, the frequency and magnitude of this risk are considered no greater than minimal ("minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests"). AUBMC will cover the cost of treating, on its premises, medical adverse events resulting directly from the medication and/or medical procedures of this research study. Otherwise, it will not cover for the costs of medical care for any medical condition or issue.

Note that in case the researchers encounter a significantly abnormal result with one of the blood tests that are not usually done as part of routine care; they will alert the treating physician and subjects of this matter.

11. Could the Research Be Good for You?

We cannot promise any major benefit to you or to your child from your participation in this study.

If you agree to take part in this research, we will provide you with monetary compensation for transport and your time spent during the research visits. You will receive \$ 15 on each of visits 1, 3, 7, and 9. During visit 1 upon consenting, you will also receive one gift (toy) for your child.

At the end of the 3-year study period, and based on the findings of the study, we will develop a nutrition education manual which will help increase nutrition knowledge and enhance health for both mothers and

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young children. We will contact you to provide you with a copy of this manual.

Your overall participation in this study will help in gathering important data on the nutritional status of pregnant women in Lebanon, as well as information on the nutritional status and growth patterns of young children. This information will help us understand the factors increasing the risk of non-communicable diseases in the country. This information will, therefore, also help us in planning diet-related interventions for the prevention of these diseases.

12. What Happens to the Collected Information about You?

The data you provide us for this study will be kept strictly confidential. We will use a code to identify you in our records instead of using your name. Your records will be monitored and may be audited without violating confidentiality. We will not identify you personally in any reports or publications arising from this research.

The filled consent forms will be locked in a cabinet at the principal investigator's office, while the questionnaires will be kept in a locked cabinet in a research office for this study. Electronic versions of the data will also be secured and locked by a password. Access to your collected information will be limited to the following people:

- Study investigators and members of the research team
- Representatives of the Institutional Research Board (IRB) at AUB who make sure the study is done properly and that your rights and safety are protected

❖ We would like to obtain your consent to contact you by phone for conducting the multiple 24-hour recalls during your 2nd trimester of pregnancy. You may join this study even if you do not allow us to contact you for conducting the multiple 24-hour recalls. Please indicate your choice on the appropriate line below:

_____ I ALLOW you to contact me for conducting the multiple 24-hour recalls

_____ I DO NOT ALLOW you to contact me for conducting the multiple 24-hour recalls

- ❖ We would also like to obtain your consent to access the following information from your physician:
- Your pre-and post-delivery weights
 - Your oral glucose tolerance test results
 - Your baby's birth outcomes (sex, gestational age, birth date, weight, length, and head circumference)
 - Your delivery method
 - Occurrence of complications during pregnancy
 - Occurrence of complications during delivery

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Please indicate your choice on the appropriate line below:

_____ I ALLOW you to access my information from my physician

_____ I DO NOT ALLOW you to access my information from my physician

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❖ We may use part or all of the collected information from this study in other projects in the future. This might include sharing the collected information with other researchers, in or outside AUB. Before doing so, we will make sure to destroy all links between your identity and the data about you.

You may join this study even if you do not allow the use of your collected information to be shared with other researchers and/or used in future research. Please indicate your choice on the appropriate line below:

_____ I **ALLOW** the use of my collected information (biochemical, anthropometric, dietary, lifestyle, sociodemographic/economic, household food security, etc.) to be *shared with other researchers and/or used in future research*

_____ I **DO NOT ALLOW** the use of my collected information (biochemical, anthropometric, dietary, lifestyle, sociodemographic/economic, household food security, etc.) to be *shared with other researchers and/or used in future research*

13. What if You Don't Want to Join?

Please acknowledge that your participation in this study is voluntary. If you do not wish to participate in this study, you are free to say no. Refusing to take part in this study will not affect, in any way, your relationship with your physician and the healthcare team of this hospital.

14. What if You Join but Change Your Mind?

You are free to stop participating at any time during the course of the study. If you decide to stop participating, please contact us. We will ask you if you would like to share with us the main reasons behind your decision. Please note that once you decide to stop participation, we will destroy all data and blood samples connected to you, unless they have been already analyzed or de-identified (i.e. having removed any link between them and your identity).

15. What Else Should You Know?

This research is being funded by the Qatar National Research Fund. If you are willing to participate in this study, and if your pregnancy proceeds normally, you can continue to participate in this study.

16. Additional Choices

During the study, your blood samples will be analyzed at the AUBMC. If you allow us to, we would like to keep any samples left over by the end of the study for the purpose of future research related to the prevention and treatment of noncommunicable diseases and/or sharing them with other researchers who were not part of this study. We will store these leftover samples at the Nutrition and Food Sciences Department at AUB. You can change your mind about allowing the use of your left over samples in future research and/or sharing with other researchers at any time. If you do not allow us to store your left-over samples for later use, we will destroy them and they will not be used for any purpose.

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You may join this study even if you do not allow the use of your left-over samples for future research and/or sharing with other researchers. Please indicate your choice on the appropriate line below:

I **PERMIT** the storage and use of my left-over samples for future research and/or sharing with other researchers

I **PERMIT** the storage of my leftover samples but request to be contacted to seek permission of use for future research and/or sharing with other researchers

I **DO NOT ALLOW** the storage nor the use of my left-over samples for future research and/or sharing with other researchers

We would also like your permission to contact you about participating in future studies. You may still join this study even if you do not permit future contact beyond the study period. You may also change your mind about this choice. Please indicate your choice on the appropriate line below:

YES, you may contact me

NO, you may **NOT** contact me

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Signature Page for a Capable Adult	
Participant	
<p><i>I have read and understood the above information. I voluntarily agree to join this cohort study described in this form.</i></p>	
Full Name of Participant	
Signature of Participant	Date Time
Telephone Number	
Person Obtaining Consent	
<p><i>I document that:</i></p> <ul style="list-style-type: none"> <i>I (or another member of the research team) have fully explained this research to the volunteer</i> <i>I have personally evaluated the volunteer's understanding of the research and obtained their voluntary agreement</i> 	
Full Name of Person Obtaining Consent	
Signature	Date Time
Witness (if applicable)	
<p><i>I document that the information in this form (and any other written information) was accurately explained to the participant, who appears to have understood and freely given consent to join the research.</i></p>	
Full Name of Witness	
Signature of Witness	Date Time

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Signatures: Research with Children	
Mother or Father	
<i>I voluntarily agree for my child to join the research described in this form</i>	
Full Name of Mother/Father	
Signature of Mother/Father	Date Time
Person Obtaining Consent	
<i>I document that:</i>	
<ul style="list-style-type: none"> • <i>I (or another member of the research team) have fully explained this research to the parent(s).</i> • <i>I have personally evaluated parental understanding of the research and obtained their voluntary agreement.</i> 	
Full Name of Person Obtaining Consent	
Signature	Date Time
Witness (if applicable)	
<i>I document that the information in this form (and any other written information) was accurately explained to the parent(s), who appear(s) to have understood and freely given consent.</i>	
Full Name of Witness	
Signature of Witness	Date Time

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CONSENT FORM (ARABIC)

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<p>من المهم أن تقرأ المعلومات المذكورة أدناه بعناية قبل الموافقة على المشاركة في الدراسة، من أجل فهم الأهداف والإجراءات والفوائد والأخطار المرتبطة بمشاركتك بهذا المشروع. لا تتزدي في طرح الأسئلة إذا كنت بحاجة إلى توضيح حول ما يرد في هذه الإستمارة أو إذا كنت بحاجة إلى أي معلومات إضافية.</p>
<p>1. عنوان البحث</p>
<p>دراسة شتابة للأم والمُطل: بهدف تقليل نسبة خطر الإصابة بالأمراض غير المعدية في لبنان</p>
<p>2. الباحث الرئيسي</p>
<p>* د. فرح نجاة الجامعة الأميركية في بيروت</p>
<p>3. لماذا نذكرك للاضطلاع على هذا البحث؟</p>
<p>الباحثون في الجامعة الأميركية في بيروت يقومون إجراء هذا البحث في مستشفى الجامعة الأميركية في بيروت أو مستشفى المقاصد أو 8 من مراكز شبكة الرعاية الصحية الأولية في منطقة بيروت.</p> <p>لقد مدعرة للمشاركة لأنك حامل في الفصل الأول وتعملين على زيارة عيادات الأمراض النسائية والتوليد في مستشفى الجامعة الأميركية في بيروت أو مستشفى المقاصد أو إحدى مراكز الرعاية الصحية الأولية المشاركة في هذه الدراسة.</p>
<p>4. ما الذي يجب أن تعرفيه عن هذا البحث؟</p>
<ul style="list-style-type: none"> • لقد تم تقديم لك رسالة مقدمة حول هذه الدراسة من قبل العمال على مكتب تسجيل العيادات الخاصة في الجامعة الأميركية في بيروت أو مستشفى المقاصد أو إحدى مراكز الرعاية الصحية الأولية المشاركة في هذه الدراسة. عندما سألتك المساعدة الباحثة عن اهتمامك بهذه الدراسة، أشرت إلى أنك ترغبين في معرفة المزيد من المعلومات حول هذا الموضوع. • لذلك، سوف نعمل على شرح دراستنا لك وسوف نجاولك عن أسألتك. • قرار انضمامك للمشاركة بهذا البحث أو عدمه يعود لك (يمكنك قبول أو رفض المشاركة بغض النظر عن من يدعوك للمشاركة) • لك مطلق الحرية بأن تسألني أي سؤال قبل اتخاذ قرارك • إذا ولقت على المشاركة، بإمكانك أن تعيري رأيك لاحقاً وبأي وقت • يمكنك رفض المشاركة في الدراسة و قرارك لن يؤثر، بأي شكل من الأشكال، على علاقتك مع طبيبك وفريق الرعاية الصحية في المستشفى أو المركز.
<p>5. مع من يمكنك التحدث؟</p>
<p>لشرح أية أسئلة أو مناقشة أي مخاوف، أو إذا كنت تتكئين أن البحث قد أضركمضر بك، يمكنك التحدث مع:</p> <p>د. فرح نجاة الجامعة الأميركية في بيروت هاتف: +961 009611350000 البريد الإلكتروني: fn14@aub.edu.lb</p>

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<p>إذا كان لديك أسئلة حول حقوقك كمشاركة بالبحث، أو كنت ترغبين في التحدث مع شخص من خارج فريق البحث، يرجى الإتصال بـ:</p> <p>مجلس لجنة الأخلاقيات للعلوم الطبية الجامعة الأميركية في بيروت، لبنان البريد الإلكتروني: jrb@aub.edu.lb هاتف: 009611374374، تحويلة: 5445</p>
<p>6. لماذا نقوم بهذا البحث؟</p> <p>إن أمراض البدانة والتمتط والسرطان وأمراض غير معدية أخرى على تزايد في لبنان. نرغب في معرفة علاقة المأخوذ الغذائي في المراحل المبكرة من الحياة (بداية في الرّحم ولغاية السنتين من العمر) مع نمط النمو والبدانة عند الأطفال، لأن هذه العوامل تؤثر على خطر الإصابة بالأمراض غير المعدية.</p>
<p>7. كم من الوقت سيستغرق هذا البحث؟</p> <p>ستكونين مشاركة في هذا البحث طوال فترة الحمل ولغاية السنتين من عمر طفلك. هذا البحث سوف يدوم ثلاث سنوات.</p>
<p>8. كم عدد الأشخاص الذين سيشاركون بهذا البحث؟</p> <p>نرغب الحصول على 250 مشاركة بسنة مباشرة. سوف يتضمن البحث 125 مشاركة من مستشفى الجامعة الأميركية في بيروت و 125 مشاركة من مستشفى المقاسد أو إحدى مراكز الرعاية الصحية الأولية الثمانية المشاركة في هذه الدراسة (مركز الحرج المقاصدي - مركز الطريف الطبي - مركز العناية بالطفل والأم - دار الفتوى الصحي - مركز مخزومي الطبي المزراعة - المراكز الصحية الثلاث لمديرية الصحة في مؤسسة رفيق الحريري: طريق الجديدة و الطريف و رأس البعير).</p>
<p>9. ما الذي سيحدث إذا قررت المشاركة في هذا البحث؟</p> <p>إذا وافقت على الانضمام إلى هذه الدراسة، ستجري 9 زيارات مع واحد من أعضاء فريق العمل لدينا على مدار فترة الدراسة لمدة 3 سنوات. وسيتم توزيع هذه الزيارات وفقاً للجدول الزمني أثناء: أثناء فترة الحمل: سوف نقابلك 3 مرات أثناء زيارتك الروتينية لطبيب التوليد الخاص بك. يجب على كل زيارة الأستغرق أكثر من 30 إلى 45 دقيقة أثناء انتظارك في عيادة طبيبك النسائي والتوليد. الزيارة 1: خلال الثلث الأول من الحمل</p> <p>سأقوم بتقييم: • وزنك وطولك ومحيط خصرك • ضغط الدم • الوزن قبل الحمل، المأخوذ الغذائي قبل الحمل، واستهلاك المكملات الغذائية قبل الحمل • المأخوذ الغذائي الحالي، الاستهلاك الحالي للمكملات الغذائية، والمعادن الغذائية الحالية (التي سيتم تحليلها في المختبر)</p> <p>سوف نملك أيضاً بعض الأسئلة المتعلقة بأهل البيت مثل: • التعليم، المهنة، الخ • الأمن الغذائي للأمن</p> <p>أيضاً، خلال إحدى زيارتك إلى المختبر لإجراء اختبارات الدم الروتينية أثناء الأشهر الثلاثة الأولى من الحمل، سنقوم بحملة عينة دم</p>

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إضافية (15 مل) لتقييم حالة الفيتامينات والمعادن الخاصة بك:
• الليمونجولين والفيبريتين
• الفيتامينات: A، D، B9 (حمض الفوليك) و B12
• معدن الرصاص
• زينك

ستطلب منك أيضاً تزويدنا بمينة البول (20 مل) لتقييم معدل اليود و الكريتينين في البول.

قبل الزيارة 2، سوف نتصل بك في وقت يلائمك من أجل الحصول على مأخوذك الغذائي خلال الأربع وعشرين ساعة الأخيرة، وإن يستغرق ذلك أكثر من 15 إلى 20 دقيقة.

الزيارة 2: خلال الثلث الثاني من الحمل

سنقوم بقياس:

• وزنك

• ضغط الدم

• المأخوذ الغذائي الحالي، الاستهلاك الحالي للمكملات الغذائية، والعادات الغذائية الحالية (التدخين، تناول الكحول، وممارسة النشاط البدني)

بعد الزيارة 2، سوف نتصل بك في وقت يلائمك من أجل الحصول على مأخوذك الغذائي خلال الأربع وعشرين ساعة الأخيرة على 3 أيام (مأخوذ غذائي واحد في الأسبوع لمدة 3 أسابيع متتالية). على أن لا يستغرق كل منهم أكثر من 15 إلى 20 دقيقة.

الزيارة 3: خلال الثلث الثالث من الحمل

سنقوم بقياس:

• وزنك

• ضغط الدم

• المأخوذ الغذائي الحالي، الاستهلاك الحالي للمكملات الغذائية، والعادات الغذائية الحالية (التدخين وتناول الكحول)
• مدى تعرضك للرضاعة ومعرفةك بالرضاعة، وموقفك، وتوايك تجاه الممارسات المتعلقة بتغذية الرضع

عند الولادة: سوف نقوم بزيارة طبيبك في المستشفى وسوف نطلب منها/ها أن يوفر فريق البحث المعلومات الواردة أدناه وهذه المعلومات ستوفر فقط من قبل طبيبك وذلك من سجلاتك الطبية أو من السجلات المتواجدة في العيادة الخاصة لطبيبك.

سوف نجمع معلومات حول:

• وزنك قبل وبعد الولادة

• نتائج اختبار فحص الجلوكوز عن طريق الدم

• نتائج ولادة الطفل (جنس الطفل، عمر الحمل، عمر الطفل، الوزن، الطول، ومحيط الرأس)

• طريقة الولادة

• حدوث مضاعفات أثناء الحمل

• حدوث مضاعفات أثناء الولادة

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بعد الولادة، سوف نطلب منك وإبنك/ها 6 من 30 إلى 45 دقيقة. وسيتم إجراء هذه الزيارات في منزلك في وقت يناسبك. يجب على كل زيارة ألا تستغرق أكثر من 30 إلى 45 دقيقة.

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الزيارة 4: في الشهر الرابع بعد الولادة

ستقوم بقياس:

- وزنك، محيط خصرك، ونسبة الدهون في جسمك
- المأخوذ الغذائي لك واستهلاكك للمكثبات الغذائية

وسوف نقوم أيضا بقياس:

- وزن، طول، محيط الرأس، ومحيط منتصف الجزء الأعلى من ذراع طنك
- العادات الغذائية لدى طنك
- المأخوذ الغذائي لمطنك، واستهلاكه للمكثبات الغذائية

الزيارة 5: في الشهر السادس بعد الولادة

ستقوم بقياس:

- وزنك، محيط خصرك، ونسبة الدهون في جسمك
- المأخوذ الغذائي لك، استهلاكك للمكثبات الغذائية، وعاداتك السلوكية (التدخين وتناول الكحول)
- الأمن الغذائي للأسرة

وسوف نقوم أيضا بقياس:

- وزن، طول، محيط رأس، ومحيط منتصف الجزء الأعلى من ذراع طنك
- العادات الغذائية لدى طنك
- المأخوذ الغذائي لمطنك، واستهلاكه للمكثبات الغذائية

الزيارة 6: في الشهر السابع بعد الولادة

ستقوم بقياس:

- وزنك، محيط خصرك، ونسبة الدهون في جسمك
- وسوف نقوم أيضا بقياس:

- وزن، طول، محيط رأس، ومحيط منتصف الجزء الأعلى من ذراع طنك
- العادات الغذائية لدى طنك
- المأخوذ الغذائي لمطنك، واستهلاكه للمكثبات الغذائية

الزيارة 7: في الشهر التالي عشر بعد الولادة

ستقوم بقياس:

- وزنك، محيط خصرك، ونسبة الدهون في جسمك
- المأخوذ الغذائي لك، استهلاكك للمكثبات الغذائية، وعاداتك الغذائية (التدخين، تناول الكحول، وممارسة النشاط البدني)

وسوف نقوم أيضا بقياس:

- وزن، طول، محيط رأس، ومحيط منتصف الجزء الأعلى من ذراع طنك
- العادات الغذائية لدى طنك
- المأخوذ الغذائي لمطنك، واستهلاكه للمكثبات الغذائية

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وسوف نقوم أيضا بدراسة بيئة تناول الطعام في المنزل
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الزيارة 8: في الشهر الثامن عشر بعد الولادة

سقوم بقياس:

- وزنك، محيط خصرك، ونسبة الدهون في جسمك
- المأخوذ الغذائي لك واستهلاكك للمكملات الغذائية

وسوف نقوم أيضا بقياس:

- وزن، طول، محيط رأس، ومحيط منتصف الجزء الأعلى من ذراع طفاك
- العادات الغذائية لدى طفاك
- المأخوذ الغذائي لطفاك، واستهلاكه للمكملات الغذائية

وسوف نقوم أيضا بدراسة بيئة تناول الطعام في المنزل.

الزيارة 9: في الشهر الرابع والعشرون بعد الولادة

سقوم بقياس:

- وزنك، محيط خصرك، ونسبة الدهون في جسمك
- المأخوذ الغذائي لك واستهلاكك للمكملات الغذائية
- عاداتك الغذائية (التدخين، تناول الكحول، وممارسة النشاط البدني)

وسوف نقوم أيضا بقياس:

- وزن، طول، محيط رأس، ومحيط منتصف الجزء الأعلى من ذراع طفاك
- العادات الغذائية لدى طفاك
- المأخوذ الغذائي لطفاك، واستهلاكه للمكملات الغذائية

وسوف نقوم أيضا بدراسة بيئة تناول الطعام في المنزل.

1.0. هل يمكن لهذا البحث أن يضرك؟

ليس هناك مخاطر متوقعة ناتجة عن مشاركتك في هذه الدراسة. إن مشاركتك لن تؤدي إلى أي أذى جسدي أو عاطفي. قد تزعجك بعض الأسئلة التي سنطرحها عليك ويمكنك أن لا تجيب عليها إذا أحسست أنها تتدخل في خصوصيتك الشخصية/العائلية. على الرغم من أنه سيتم سحب عينات دم مرة واحدة في الفصل الأول من الحمل، إلا أن وتيرة وحجم الخطر الناتج لا يتعيلن الحد الأدنى ("الحد الأدنى من الخطر يعني أن احتمال وحجم الضرر أو عدم الراحة المتوقعة في البحث ليست أكبر في حد ذاتها من تلك التي تواجهينها عادة في الحياة اليومية أو أثناء إجراء الفحوصات الروتينية البدنية أو النفسية"). إن المركز الطبي في الجامعة الأمريكية في بيروت سوف يغطي تكاليف العلاج في المركز للعوارض الطبية السلبية الناتجة مباشرة عن الأدوية وألوان الإجراءات الطبية الخاصة بهذه الدراسة البحثية. في ما عدا ذلك، لن يقوم المركز الطبي بتغطية تكاليف العناية الطبية لأية حالة أو مشكلة مرضية.

من المهم الملاحظة أنه في حالة وجد الباحثون نتيجة غير طبيعية بشكل ملحوظ مع واحدة من اختبارات الدم التي لا تتم عادة كجزء من الرعاية الروتينية، سوف يتم تنبيه الطبيب المعالج والمشاركة.

1.1. هل يمكن لهذا البحث أن يلبدك؟

لا نستطيع أن نعطي أو نطلب أي ضمانات بأي فائدة محتملة من خلال مشاركتكم في هذه الدراسة. إذا كنت تودين على المشاركة في هذا البحث، سوف نقدم لك التعويض المادي للمصاريف التي ستنتجها خلال زيارات البحث.

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سوف تحصلين على \$15 عند كل من الزيارات التالية: زيارة رقم 1 و 3 و 7 و 9.

بعد الموافقة على المشاركة في هذه الدراسة خلال الزيارة الأولى، سوف نتلقى أيضا هدية واحدة (لعبة) لطفلك.

وفي نهاية فترة الدراسة الممتدة على 3 سنوات، واستنادا إلى النتائج التي سوف نتوصل إليها الدراسة، سنعمل على تطوير دليل التوعية الغذائية والذي سوف يساعد على زيادة المعرفة وتميز التغذية السليمة لدى كل من الأمهات والأطفال الصغار. سوف نتصل بك لتوفير نسخة من هذا الدليل.

سوف تساعدنا مشاركتك العلمية في هذه الدراسة في جمع معلومات هامة عن الحالة الغذائية للنساء الحوامل في لبنان، فضلا عن معلومات عن الحالة الغذائية وأنماط النمو لدى الأطفال الصغار. سوف تساعدنا هذه المعلومات على فهم العوامل التي تزيد من مخاطر الأمراض غير المعدية في البلاد. ولذلك، ستساعدنا هذه المعلومات أيضا على التخطيط للقيام بالإجراءات ذات الصلة بالنظام الغذائي للوقاية من هذه الأمراض.

12. ما الذي سيحدث للمعلومات المجموعة عنك؟

سنحرص على حماية المعلومات المتعلقة بك واعتماد السرية المطلقة. سوف نستخدم رمز للتعرف عليك في سجلاتنا بدلاً من استخدام اسمك. وبمجرد مراقبة سجلاتك وقد يتم التدقيق بها من دون إلتهاك السرية. أن نحدد هويتك في أي تقارير أو مطبوعات ناتجة عن هذا البحث.

سيتم حفظ نموذج الموافقة في خزانة مغلقة في مكتب الباحث الرئيسي، بينما سيتم حفظ الإستيبيات التي تم ملؤها في خزانة مغلقة في مكتب مخصص لهذا البحث. كما سيتم حفظ نسخ إلكترونية من البيانات والتأمين عليها بكلمة سرية. سيتمكن بعض الأشخاص فقط من الوصول/الحصول على معلوماتك وهؤلاء الأشخاص هم:

- باحثي هذه الدراسة وأفراد فريق البحث
- مهتمين مجلس مراجعة مؤسسي العلوم الإجتماعية والسلوكية، والذين يحرصون على قيام الدراسة بشكل صحيح ومن حماية حقوقك وسلامتك

نود الحصول على موافقتك للإتصال بك من أجل الحصول على مأخوذك الغذائي خلال الأربع وعشرين ساعة الأخيرة لعدة أيام بمكانك المشاركة في هذا البحث حتى إذا كنت لا تسمحين لنا الإتصال بك من أجل الحصول على مأخوذك الغذائي خلال الأربع وعشرين ساعة الأخيرة لعدة أيام. يرجى الإشارة إلى اختيارك بعلامة على الخط المناسب أدناه:

_____ أسمح لكم الإتصال بي من أجل الحصول على مأخوذي الغذائي خلال الأربع وعشرين ساعة الأخيرة لعدة أيام

_____ لا أسمح لكم الإتصال بي من أجل الحصول على مأخوذي الغذائي خلال الأربع وعشرين ساعة الأخيرة لعدة أيام

نود الحصول أيضاً على موافقتك للتوصل إلى المعلومات التالية عن طريق طبيبك:

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يرجى الإشارة إلى اختيارك بعلامة على الخط المناسب أدناه:

_____ أسمح بالتوصل إلى المعلومات المتعلقة بالولادة عن طريق طبيبي

_____ لا أسمح بالتوصل إلى المعلومات المتعلقة بالولادة عن طريق طبيبي

قد نستخدم بعض أو جميع المعلومات الناتجة عن هذه الدراسة في دراسات أخرى في المستقبل. وقد يستدعي ذلك مشاركة المعلومات مع باحثين آخرين، داخل أو خارج الجامعة الأميركية في بيروت. قبل ان تفعل ذلك، سوف نتخلص من اي روابط بين هويتك والمعلومات المجموعة منك.

يمكنك المشاركة في هذا البحث حتى إذا كنت لا تسمح باستخدام المعلومات الخاصة بك التي تم جمعها لمشاركتها مع باحثين آخرين وإلا لاستخدامها في بحوث مستقبلية.

يرجى الإشارة إلى اختيارك بعلامة على الخط المناسب أدناه:

_____ أسمح باستخدام المعلومات التي تم جمعها علي (البيوكيميائية، القياسات الأنتروبولوجية، العادات الغذائية والماخوذ الغذائي، العادات المتبعة كسلوب حياة، خصائص إجتماعية وديمقراطية، الأمن الغذائي، إلخ) لمشاركتها مع باحثين آخرين و / أو لاستخدامها في بحوث مستقبلية

_____ لا أسمح باستخدام المعلومات التي تم جمعها علي (البيوكيميائية، القياسات الأنتروبولوجية، العادات الغذائية والماخوذ الغذائي، العادات المتبعة كسلوب حياة، خصائص إجتماعية وديمقراطية، الأمن الغذائي، إلخ) لمشاركتها مع باحثين آخرين و / أو لاستخدامها في بحوث مستقبلية.

13. ماذا لو كنت لا تريد المشاركة؟

رجاء أن تعرفي بأن مشاركتك في هذه الدراسة هي طوعية. إذا كنت لا ترغبين في المشاركة في هذه الدراسة، لديك حرية الرفض. رفضك للمشاركة في هذه الدراسة لن يؤثر، بأي شكل من الأشكال، على علاقتك مع طبيبك وفريق الرعاية الصحية في هذا المستشفى.

14. ماذا لو انضمت الآن ولكن بذلت رأيك لاحقاً؟

يمكنك التوقف عن المشاركة في هذا البحث بأي وقت إنشاء الدراسة. إذا قررت التوقف عن المشاركة، يرجى منك الاتصال بنا. سوف نسلك ما إذا كنت ترغبين في مشاركتنا الأسباب الرئيسية وراء قرارك. يُرجى الملاحظة إلى أنه عندما نقرر التوقف عن المشاركة، سوف ندمر جميع المعلومات وعينات الدم المتصلة بك، ما لم يكن قد تم تحليها أو إلغاء الروابط بينها وبين هويتك.

15. ما الذي يجب أن تعرفيه أيضاً؟

يتم تمويل هذا البحث من قبل الصندوق القطري لرعاية البحث العلمي.

إذا كنت على استعداد للمشاركة في هذه الدراسة، وإذا سار حملك بشكل طبيعي، يمكنك المشاركة في هذه الدراسة

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16. خيارات إضافية

أثناء الدراسة، سيتم تحليل عينات الدم الخاصة بك في مستشفى الجامعة الأميركية. إذا كنت تسمحين لنا، نود أن نحفظ باقي بقايا من عينات الدم لغاية استخدامها في بحوث مقبلة متعلقة بالوقاية والعلاج من الأمراض غير المعدية، ولأو لمشاركتها مع باحثين آخرين لم يكونوا جزءاً من هذه الدراسة. سنقوم بتخزين بقايا هذه العينات في دائرة التغذية والطوب الغذائية في الجامعة الأميركية في بيروت. يمكنك تبديل رأيك حول استخدام هذه العينات في بحوث مقبلة ولأو لمشاركتها مع باحثين آخرين. إذا كنت لا تسمحين باستخدام هذه العينات في بحوث مقبلة ولأو لمشاركتها مع باحثين آخرين، سوف نتخلص منها في نهاية الدراسة.

يمكنك الانضمام إلى هذه الدراسة حتى إذا كنت لا تسمحين لنا باستخدام بقايا من عينات الدم في بحوث مقبلة ولأو لمشاركتها مع باحثين آخرين. يرجى الإشارة إلى اختيارك بعلامة على الخط المناسب أدناه:

_____ أسمح بحفظ واستخدام بقايا من عينات الدم في بحوث مقبلة ولأو لمشاركتها مع باحثين آخرين

_____ أسمح بتخزين بقايا من عينات الدم لكن اطلب أن يتم الاتصال بي للتصريح بإذن لاستخدام هذه العينات في بحوث مقبلة ولأو لمشاركتها مع باحثين آخرين

_____ لا أسمح بحفظ واستخدام بقايا من عينات الدم في بحوث مقبلة ولأو لمشاركتها مع باحثين آخرين

نود الحصول أيضاً على إيثاقك للاتصال بك من أجل المشاركة في دراسات مستقبلية. بإمكانك الانضمام لهذه الدراسة حتى ولو لم تسمحني بأن نتصل بك في المستقبل. كما يمكنك أيضاً أن تبدي رأيك في هذا الموضوع. يرجى الإشارة إلى اختيارك بعلامة على الخط المناسب أدناه:

_____ نعم، أوافق على معاودة الإتصال بي

_____ كلا، أرفض معاودة الإتصال بي

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صفحة التوقيع للمشاركة البالغة المؤهلة	
المشاركة	
لقد قرأت ولهمت المعلومات أعلاه، أوافق طوعاً على الانضمام إلى البحث المشروح في هذا النموذج.	
الاسم الكامل للمشاركة	
توقيع المشاركة	التاريخ التوقيت
رقم الهاتف	
الشخص الحاصل على الموافقة	
أصرح على التالي:	
<ul style="list-style-type: none">• لمت أنا (أو أحد أعضاء فريق البحث) بشرح البحث بشكل كامل للمشاركة في البحث• لمت شخصياً بتكثيم فهم المشاركة في البحث والحصول على موافقتها الطوعية	
الاسم الكامل للشخص الحاصل على الموافقة	
التوقيع	التاريخ التوقيت
الشاهد (عند الضرورة)	
أصرح أنه تم شرح المعلومات الواردة في هذه الإستمارة (رواية مطومات أخرى مكتوبة) بدقة للمشاركة في البحث، والتي تبين أنها فهمت البحث ووافقت طوعاً على الانضمام إليه.	
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الاسم الكامل للشاهد	
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توقيع الشاهد	Institutional Review Board American University of Beirut
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صفحة التوقيع: البحوث مع الأطفال	
الوالد/الوالدة	
أوافق طوعاً على انضمام طفلي إلى البحث المذكور في هذه الإستمارة.	
الاسم الكامل للوالدة/الوالد	
توقيع الوالدة/الوالد	التاريخ التوقيت
الشخص، الحاصل على الموافقة	
أصرح على التالي: • قمت أنا (أو أحد أعضاء فريق البحث) بشرح البحث بشكل كامل للوالدة/الوالدة الطفل المشارك في البحث • قمت شخصياً بتقييم فهم والدا/والدة الطفل المشارك في البحث والحصول على موافقته/ها الطوعية.	
الاسم الكامل للشخص الحاصل على الموافقة	
التوقيع	التاريخ التوقيت
الشاهد (عند الضرورة)	
أصرح أنه تم شرح المعلومات الواردة في هذه الإستمارة (وأية معلومات أخرى مكتوبة) بدقة للوالد/الوالدة. يبدو أن الوالد/الوالدة قد فهمت البحث ووافق/وافقت طوعاً على انضمام الطفل لهذا البحث.	
الاسم الكامل للشاهد	
توقيع الشاهد	التاريخ التوقيت

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SCREENING SHEET

Mother and Infant Nutrition Assessment (MINA) cohort study

Inclusion and Exclusion Criteria for Participants – Screening

Date _ _ - _ _ - _ _ DD - MM - YY	Interviewer's Name _____	Health Care Center _____
--	------------------------------------	------------------------------------

Mark the number of people you contact in total in the space below (in the format of as ##)

To include a participant in this study,

- All inclusion criteria must be "YES", and all exclusion criteria must be "NO"

Inclusion criteria		
1. Aged between 19 and 40 years at the time of enrollment	Yes	
	No	
2. Within the 1st trimester of pregnancy (between 0-13 weeks of gestation)	Yes	
	No	
3. Pregnant with a singleton	Yes	
	No	
4. Lebanese nationality or Syrian/Palestinian living in Lebanon for more than 5 years	Yes	
	No	
5. Not planning on permanently leaving the country during the timeframe of the study	Yes	
	No	
6. Absence of chronic illness <u>preconception</u> (diabetes, hypertension, kidney disease, cancer, and other chronic diseases or infections such as autoimmune disorders, HIV, and hepatitis)	Yes	
	No	
7. Residing in Beirut (partial or full residency)	Yes	
Exclusion criteria		
1. Carrying twins or multiple babies	Yes	
	No	
2. History of a chronic illness (preconception)	Yes	
	No	
3. History of multiple gestations (twins or triplets)	Yes	
	No	
4. History of miscarriage (spontaneous abortion) and/or stillbirth	Yes	
	No	
5. History of giving birth to babies with physical malformations, mental retardations, and/or inborn errors of metabolism	Yes	
	No	

If ELIGIBLE (all inclusion criteria are YES), what are the reasons for refusal to participate in the research project?

-
-
-
-
-
-
-

Version 6: Date: 29-9-2016

STUDY TIMELINE

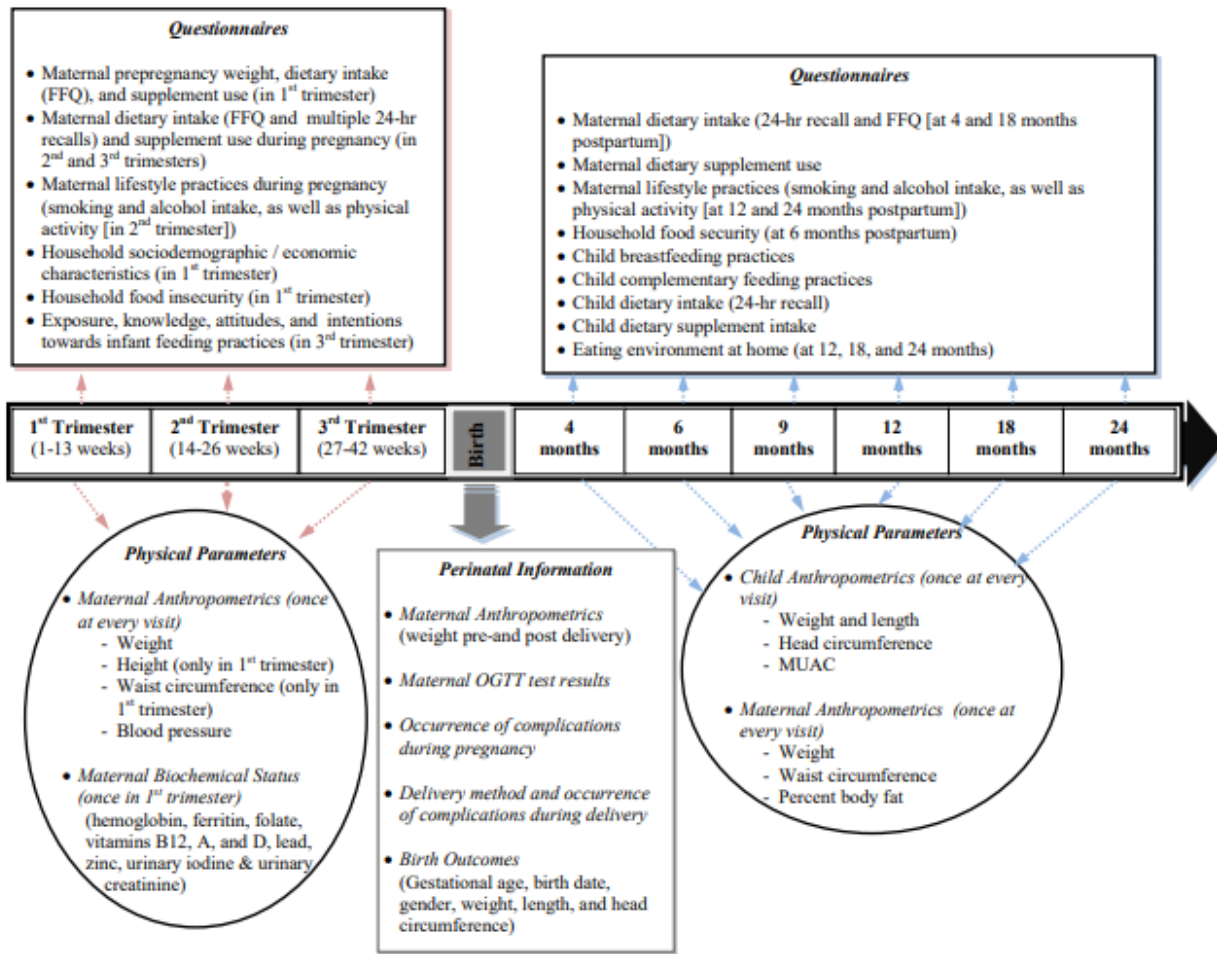


Figure 1. Assessment Timeline of the Cohort Study

APPENDIX B
VISIT 1 QUESTIONNAIRE (ENGLISH)

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT:FN.12**



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Faculty of Agricultural and Food Sciences
Department of Nutrition and Food Sciences

**Mother and Child Cohort:
Towards Curbing the Epidemic of
Noncommunicable Diseases in Lebanon**

**VISIT 1
(1st Trimester of Pregnancy)**

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VISIT 1- QUESTIONNAIRE

VERSION DATE: JULY 26, 2013

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Interviewer's Name: _____	Date (DD/MM/YYYY): ____/____/____
Subject ID Number: _____	Day of the Week: _____
Health-Care Center (AUBMC / RHUH)	Interview Start Time: _____

TABLE OF CONTENTS		PAGE
I. Anthropometric Measurements during Pregnancy		3
II. General Information about the Current Pregnancy		3
III. Dietary Practices and Supplement Use before and during Pregnancy		4
IV. Lifestyle Practices before and during Pregnancy		6
V. Dietary Intake before Pregnancy		7
VI. Dietary Intake during Pregnancy		15
VII. Household Food Security		17
VIII. Socio-Demographic/Economic and Geographical Characteristics of the Household		19

I. ANTHROPOMETRIC MEASUREMENTS DURING PREGNANCY

1. Weight: _____ Kg
2. Height: _____ Cm
3. Waist Circumference: _____ cm
4. Blood Pressure (SBP/DBP): ____ / ____ mmHg

II. GENERAL INFORMATION ABOUT THE CURRENT PREGNANCY

5. In which gestational week are you? _____ weeks
6. What was your pre-pregnancy weight? _____ Kg
7. Which of the following symptoms are you currently experiencing (circle all that apply)?
 1. Nausea
 2. Vomiting
 3. Heartburn
 4. Constipation
 5. Edema (swelling of hands or feet)
 6. Food cravings
 7. Non-food cravings (clay, ice, soap, etc.)
 8. Food aversions
 9. Loss of appetite
 10. Increase in appetite
 11. None of the above

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8. Are you pregnant with your first child?
1. Yes (go to section III)
2. No
9. Have you had previous miscarriages?
1. Yes, please specify how many: _____
2. No
10. How many children do you have? _____
11. When was your last delivery (MM/YYYY)? ___/___/_____

III. DIETARY PRACTICES AND SUPPLEMENT USE BEFORE AND DURING PREGNANCY

12. Do you have an allergy to any of the following foods (circle all that apply)?
1. Wheat
 2. Cow milk
 3. Eggs
 4. Fish
 5. Shellfish (shrimp, crab, lobster, etc.)
 6. Corn
 7. Peanuts
 8. Other nuts
 9. Soy products
 10. Other, please specify: _____
13. How many times per week did you eat breakfast before getting pregnant?
1. Everyday
 2. 3-6 times a week
 3. < 3 times a week
 4. Never

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: NUT.FN.12

14. How many times per week do you currently eat breakfast (during your 1st trimester of pregnancy)?

1. Everyday
2. 3-6 times a week
3. < 3 times a week
4. Never

15. Prior to becoming pregnant, were you taking any vitamin/mineral/herbal supplements?

1. Yes, please specify brand and dose/day: _____
2. No

16. During your 1st trimester of pregnancy, did you continue/start taking any vitamin / mineral / herbal supplements?

1. Yes please specify brand and dose/day: _____
2. No

17. During your 1st trimester of pregnancy, who prescribed the vitamin/mineral/herbal supplements to you?

1. Your OBGYN physician
2. OBGYN Nurse
3. Dietitian
4. Family member
5. Friend
6. Self
7. Other, please specify: _____

18. Is your OBGYN physician aware that you are taking supplements during pregnancy?

1. Yes
2. No

IV. LIFESTYLE PRACTICES BEFORE AND DURING PREGNANCY

Smoking

19. Before getting pregnant, how many of the following did you usually smoke?

1. I do not smoke
2. Cigarettes: _____ per day; _____ per week; _____ per month
3. Cigars: _____ per day; _____ per week; _____ per month
4. Narghili: _____ per day; _____ per week; _____ per month

20. During your 1st trimester of pregnancy, how many of the following do you usually smoke?

1. I do not smoke
2. Cigarettes: _____ per day; _____ per week; _____ per month
3. Cigars: _____ per day; _____ per week; _____ per month
4. Narghili: _____ per day; _____ per week; _____ per month

Alcohol Intake

21. During your 1st trimester of pregnancy, how many drinks of the following do you usually drink?

1. I do not drink
2. Beer: _____ (bottles/day); _____ (bottles/week); _____ (bottles/month)
3. Wine: _____ (glasses/day); _____ (glasses/week); _____ (glasses/month)
4. Champagne: _____ (glasses/day); _____ (glasses/week); _____ (glasses/month)
5. Liquor, *please specify*: _____ (type)
_____ (bottles or glasses/day)
_____ (bottles or glasses/week)
_____ (bottles or glasses/month)
6. Other, *please specify*: _____ (type)
_____ (bottles or glasses/day)
_____ (bottles or glasses/week)
_____ (bottles or glasses/month)

V. DIETARY INTAKE BEFORE PREGNANCY

22. **Food-Frequency Questionnaire.** Please think about your eating patterns during the year before you got pregnant. Please indicate your usual intake of each of the following food items per day, week, or month. Please be as precise as you can in your recall. The accuracy of the study results depends on the accuracy of your answers.

CODE	FOOD ITEM	REFERENCE PORTION	USUAL PORTION	FREQUENCY OF CONSUMPTION
1	CEREALS AND CEREAL-BASED PRODUCTS			
1.1	White bread	1 large Arabic loaf/ 1 medium Arabic loaf/ 1 baguette		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.2	Brown/whole wheat bread	1 large Arabic loaf/ 1 medium Arabic loaf/ 1 baguette		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.3	Ka'ak products	1 finger sized		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.4	Toast and crackers	1 regular toast		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.5	Regular breakfast cereals	Side A/ 1 small box (35 g)		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.6	Bran or whole grain breakfast cereals	Side A/ 1 small box (35 g)		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2	PASTA AND OTHER CEREALS			
2.1	Bulgur, cooked	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2.2	Pasta/noodles, cooked	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2.3	Rice and rice-based products	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3	POTATOES AND POTATO-BASED PRODUCTS			
3.1	French Fries	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

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3.2	Potato	1 portion, medium	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3.3	Potato chips, regular	S / M / L bag	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3.4	Potato chips, light	S / M / L bag	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
4	VEGETABLES		
4.1	Vegetables, canned (mixed)	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
4.2	Vegetables, raw	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
4.3	Salad, green	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5	FRUITS		
5.1	Fresh fruits	Side A/ 1 medium portion	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5.2	Canned fruits	Side A/ 1 medium portion	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5.3	Dried fruits	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5.4	Fruit-based desserts (cocktails)	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
6	FRUIT JUICES		
6.1	Fruit Juices, Canned	Side A/ 1 regular (240 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
6.2	Fruit Juices, Fresh	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7	MEAT - Cured Meat		
7.1	Cured meat, except ham (luncheon meat, hotdog)	Side B/ Regular cured Meat slice/ Hotdog size	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.2	Ham	Regular cured ham slice	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.3	Meat (beef), cooked, low fat	Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.4	Meat (beef), cooked, medium - high fat	Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.5	Meat (lamb), cooked, high fat	Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

8	MEAT- Offals										
8.1	Organ meat (liver, heart, brain, etc.)	Side B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
9	MEAT- Poultry										
9.1	Poultry	Leg/thigh/breast/ Side B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
9.2	Poultry, breaded (nuggets, escalope)	Nuggets/ Side B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
10	MEAT- Eggs										
10.1	Eggs, whole	1 egg						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11	MEAT- Fish and Seafood										
11.1	Fish	Side B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11.2	Fish, canned with oil (tuna, sardines)	1 large can/ 1 small can						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11.3	Fish, canned without oil (in water)	1 large can/ 1 small can						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11.4	Shellfish	Shrimp: 1 medium Calamari: 1 medium Crab stick: 1 stick						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12	PULSES, NUTS AND SEEDS										
12.1	Beans, Chickpeas, Fava Beans, Lentils, Seeds	Side A						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12.2	Nuts	Side A						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12.3	Falafel	1 falafel piece						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12.4	Olives	1 medium olive						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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13	MILK AND DAIRY PRODUCTS										
13.1	Cheese (low fat / light/white)	1 square/triangular portion/ Side A or B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.2	Cheese (high fat/yellow)	1 square/triangular portion/ Side A or B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.3	Cheese (processed, creamy)	1 square/triangular portion/Side A or B						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.4	Full fat milk, milk-based beverages	Side A/ 1 carton of flavored milk						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.5	Low fat milk, milk-based beverages	Side A/ 1 carton of flavored milk						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14	YOGURT AND YOGURT-BASED PRODUCTS										
14.1	Labneh, regular	Side A						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14.2	Labneh, low fat and skim (0-2%)	Side A						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14.3	Yogurt, regular	Side A/ 1 regular ayran bottle						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14.4	Yogurt, light	Side A/ 1 regular ayran bottle						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
15	PIZZAS AND PIES										
15.1	Pies, 'Manaeesh'	1 large/ 1 bouchee						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
15.2	Pies, small (e.g.: fatayer spinach, sambousek)	1 small						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
15.3	Pizza	Side A or B/ 1 small bouchee						<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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16	MIXED DISHES														
16.1	Artichoke, eggplant, cauliflower cooked	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
16.2	Chicory, fried with onions	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
16.3	Eggplant, zucchini, cabbage, grape leaves * stuffed with rice & meat	Side A/ 1 medium portion						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
16.4	Stew (Jews mallow, okra, peas, spinach) *without rice	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
17	FATS AND OILS (ADDED ON BREADS)														
17.1	Butter/ghee	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
17.2	Mayonnaise, regular	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
17.3	Olive oil	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
17.4	Tahini	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
17.5	Vegetable oil	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
18	FATS AND OILS (USED IN FRYING)														
18.1	Butter/ghee	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
18.2	Olive oil	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
18.3	Vegetable ghee	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
18.4	Vegetable oil	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
19	SUGAR AND SUGAR DERIVATIVES														
19.1	Sugar	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
19.2	Candy	1 small						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
19.3	Chocolate	1 medium bar/ Side B						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never
19.4	Chocolate spread	Side A						<input type="checkbox"/>	D	<input type="checkbox"/>	W	<input type="checkbox"/>	M	<input type="checkbox"/>	Never

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20	CAKES AND PASTRIES			
20.1	Cakes and pastries		Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
20.2	Arabic sweets		Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
20.3	Biscuits		Side B/ 1 medium	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
20.4	Croissant		Side B/ 1 large	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
20.5	Doughnuts		Side B/ 1 medium	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
21	HONEY, JAM, MOLLASSES AND HALAWAH			
21.1	Jam		Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
21.2	Sugar derivatives (molasses, halawa, honey)		Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
21.3	Ice cream, regular		1 scoop/ 1 stick	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
21.4	Ice cream, low fat		1 scoop/ 1 stick	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
21.5	Pudding, regular (custard, mahalabye)		Side A/ 1 medium container	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
21.6	Pudding, low fat		Side A/ 1 medium container	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
22	ALCOHOLIC BEVERAGES			
22.1	Beer		Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
22.2	Spirit drinks (e.g. Whiskey, Rum, Vodka.)		Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
22.3	Wine		Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

NON-ALCOHOLIC BEVERAGES						
23						
23.1	Coffee instant, Nescafe, Turkish,	Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
23.2	Tea	Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
23.3	De-caffeinated coffee or herbal tea	Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
23.4	Energy & sports drinks	Side A/ 1 can (330 mL)		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
23.5	Soda, Regular	Side A/ 1 can (330 mL)		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
23.6	Diet Soda	Side A/ 1 can (330 mL)		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
23.7	Water	Side A/ 1 Liter		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
24	MISCELLANEOUS					
24.1	Ketchup	Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
24.2	Mustard	Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
24.3	Zaatar (thyme & sesame)	Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never
24.4	Pickles	1 medium cucumber/ Side A		<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> Never

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23. Are there any other foods and/or beverages that were not mentioned above that you usually eat at least once per week?

1. Yes, please specify:

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

2. No

VI. DIETARY INTAKE DURING PREGNANCY

24. **24-Hour Dietary Recall.** Please recall what you ate and drank the previous day from the time you woke up until the next morning.

Time	Food eaten	Amount	Method of preparation

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Time	Food eaten	Amount	Method of preparation

25. Was yesterday a usual day?

1. Yes
2. No, please specify: _____

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VII. HOUSEHOLD FOOD SECURITY

26. Household Food Insecurity Access Scale (HFIAS) Measurement Tool

NUMBER	QUESTION	RESPONSE OPTIONS
HFIAS_1	In the past 4 weeks, did you worry that your household would not have enough food?	1. No 2. Yes
HFIAS_2	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_3	In the past 4 weeks, were you or any household member not able to eat the kinds of food you preferred because of a lack of resources?	1. No 2. Yes
HFIAS_4	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_5	In the past 4 weeks, did you or any household member have to eat a limited variety of food due to a lack of resources?	1. No 2. Yes
HFIAS_6	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_7	In the past 4 weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	1. No 2. Yes
HFIAS_8	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)

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HFIAS_9	In the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	1. No 2. Yes
HFIAS_10	How often did this happen?	
HFIAS_11	In the past 4 weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_12	How often did this happen?	1. No 2. Yes
HFIAS_13	In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_14	How often did this happen?	1. No 2. Yes
HFIAS_15	In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_16	How often did this happen?	1. No 2. Yes
HFIAS_17	In the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_18	How often did this happen?	1. No 2. Yes
<p>Adapted from: Conter, Hénier, Anne Swindale, and Paula Bilinsky 2007 Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide, ver. 3. Food and Nutrition Technical Assistance Program (FANTA), Washington, DC : USAID.</p>		

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VIII. SOCIO-DEMOGRAPHIC/ECONOMIC AND GEOGRAPHIC CHARACTERISTICS OF THE HOUSEHOLD

27. What is your date of birth (DD/MM/YYYY)? ___/___/___

28. What is the highest educational level that you have achieved?

1. No schooling
2. Primary school
3. Intermediate school
4. High school
5. Technical diploma
6. University degree
7. Refused to answer

29. Did you specialize in a health-related major (medicine, biology, public health, pharmacy, etc.) (skip if woman did not receive a technical diploma or university degree and go to question 32)

1. Yes
2. No

30. What kind of work do you do?

1. Housewife/homemaker (go to question 32)
2. Employee, full-time
3. Employee, part-time
4. Self-employed, *please specify*: _____
5. Other, *please specify*: _____

31. If you work, how soon after your delivery do you expect to return to work?

1. After 49 days (~1 month and a half)
2. After 70 days (~2 months and a half)
3. After 3 months
4. Don't know
5. Not planning to return to work

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32. Which area of Lebanon do you live in?

1. Beirut
2. Mount Lebanon
3. South
4. Nabatiyeh
5. North
6. Bekaa

33. Are you related to your husband (i.e first cousins, second cousins, distant family ties, etc.)?

1. Yes, please specify: _____
2. No

34. What is your husband's age? _____ years

35. What is the highest educational level that your husband has achieved?

1. No schooling
2. Primary school
3. Intermediate school
4. High school
5. Technical diploma
6. University degree
7. Refused to answer

36. What kind of work does your husband do?

1. Not working
2. Not working, but looking for a job
3. Employee, full-time
4. Employee, part-time
5. Self-employed, please specify _____
6. Other, please specify: _____

37. What is the total number of individuals living in your house (this includes relatives or family members that frequently live with you on a semi-permanent basis)?

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38. How many rooms are there in your house (this excludes the kitchen, bathrooms, hallways, garage, and open balconies)? _____
39. Do you and/or your husband own the house you currently live in?
1. Yes
 2. No
40. How many cars does your household own (this includes cars owned by yourself, your husband, and any of your children)? _____
41. What is the monthly income of the family (L.L.) (this includes the sum of salaries of the woman and her husband, income coming from relatives, and income coming from renting a house, land, or other assets)?
1. Less than 600,000 (less than \$ 400)
 2. 600,001 – 999,999 (\$401 – \$666.9)
 3. 1,000,000 – 1,499,000 (\$ 667 – \$999.9)
 4. 1,500,000 – 1,999,000 (\$ 1,000 - \$1,332.9)
 5. 2,000,000 – 2,499,000 (\$ 1333 - \$ 1,666.9)
 6. 2,500,000 – 2,999,000 (\$1,667 – \$1,999.9)
 7. Greater or equal to 3,000,000 (greater or equal to \$ 2,000)
 8. Don't know/Not sure
 9. Refused to answer

Thank you very much for answering the above questions.

I would like to finally ask you about the date and time of when you will visit the laboratory to have a routine blood test done, as I need to be with you to ask the nurse to collect an additional blood sample for our study.

Date: ___ / ___ / _____

Time: ___ : ___

VISIT 1- QUESTIONNAIRE

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Interview End Time: _____

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VISIT 1 QUESTIONNAIRE (ARABIC)

إستبيان لبحث علمي، رقم البروتوكول: NUT.FN.12



كلية الزراعة والعلوم الغذائية
دائرة التغذية وطول الحياة

دراسة مُتابعة للأم والطفل:
بهدف تقليل نسبة خطر الإصابة بالأمراض
غير المعدية في لبنان

الزيارة 1
(الثالث الأول من الحمل)

Institutional Review Board
American University of Beirut

16 AUG 2013

APPROVED

إسئيان لبحث علمي، رقم البروتوكول: **NUT.FN.12**

اسم الباحث: _____	التاريخ (DD/MM/YYYY): ____/____/____
رقم الشخص المشارك: _____	اليوم من الأسبوع: _____
نوع المركز الصحي (AUBMC / RHUF) _____	وقت البدء بالمقابلة: _____

الصفحة	المفردس
3	I. القياسات الأثنروبولوجية خلال الحمل
3	II. معلومات عامة حول الحمل الحالي
4	III. العادات الغذائية وتناول المكملات الغذائية قبل وخلال الحمل
6	IV. العادات العتبهة كأسلوب حياة قبل وخلال الحمل
7	V. المأخوذ الغذائي قبل الحمل
15	VI. المأخوذ الغذائي خلال الحمل
17	VII. الأمن الغذائي للأسرة
19	VIII. خصائص إجتماعية وديمقراطية وإقتصادية وجغرافية للأسرة

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I. القياسات الأنثروبولوجية خلال الحمل

1. الوزن: ____ كغم
2. الطول: ____ سنتم
3. محيط الخصر: ____ سنتم
4. ضغط الدم (الضغط الإنقباضي /الضغط الإنبساطي): ____ / ____ سنتم من الزئبق

II. معلومات عامة حول الحمل الحالي

5. في أي أسبوع من الحمل أنت الآن؟ _____ أسبوع
6. ما كان وزنك قبل الحمل؟ _____ كغم
7. ما هي العوارض التي تختبرها حاليًا (ضع دائرة على كل ما ينطبق)؟
 1. خثيان
 2. تقيؤ
 3. حرقة في المعدة
 4. إكتام
 5. تورم (الأيدي والأرجل)
 6. إشتهاء بعض أنواع الطعام
 7. إشتهاء أشياء ليست بطعام (لا تؤكل) (طين، تلج، صابون وغيرها)
 8. كره بعض الأطعمة
 9. فقدان الشهية
 10. شهية زائدة
 11. لا أحد مما سبق

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8. هل أنت حامل بمولودك الأول؟
1. نعم (انتقل إلى القسم III)
2. لا

9. هل اختبرتي إجهاضاً سابقاً؟
1. نعم، الرجاء تحديد عدد المرات: _____
2. لا

10. كم عدد أولادك؟ _____

11. متى كان تاريخ آخر ولادة لك (الشهر/السنة)؟ _____ / _____

III. العادات الغذائية وتناول المكملات الغذائية قبل وخلال الحمل

12. هل تعانين من الحساسية ضد أي من الأطعمة التالية (ضع دائرة على كل ما ينطبق)؟
1. القمح
2. حليب البقر
3. البيض
4. السمك
5. ثمار البحر (قريدس، سلطعون، سرطان البحر، وغيرها)
6. الفرة
7. مستق عبيد (الزول السوداني)
8. مكسرات أخرى غير القول السوداني في الطيور
9. منتجات الصويا
10. غير، خلافاً: _____

13. كم عدد المرات التي كنت تتناولين وجبة الفطور قبل الحمل؟
1. كل يوم
2. 3-5 مرات في الأسبوع
3. أقل من 3 مرات في الأسبوع
4. أبداً

إستبيان لبحث علمي، رقم البروتوكول: **NUT.FN.12**

14. كم عدد المرات التي تتناولين وجبة الفطور حاليًا (خلال الثلث الأول من حملك)؟
1. كل يوم
 2. 3-6 مرات في الأسبوع
 3. أقل من 3 مرات في الأسبوع
 4. أبداً

15. قبل فترة الحمل، هل كنت تتناولين أي من المكملات الغذائية من فيتامينات أو معادن أو أعشاب طبية؟
1. نعم، حددني النوع والكمية في اليوم: _____
 2. لا

16. خلال الثلث الأول من حملك، هل بدأت أو تابعت تناول المكملات الغذائية من فيتامينات أو معادن أو أعشاب طبية؟
1. نعم، حددني النوع والكمية في اليوم: _____
 2. لا

17. خلال الثلث الأول من حملك، من وصف لك هذه المكملات الغذائية؟
1. طبيبك النسائي
 2. ممرضة طبيبك النسائي
 3. اختصاصية التغذية
 4. فرد من العائلة
 5. صديقة
 6. أنا بنفسى
 7. غير، حددني: _____

18. هل طبيبك النسائي على علم بأنك تتناولين المكملات الغذائية خلال الحمل؟
1. نعم
 2. لا

IV. العادات المتبعة كاستلوب حياة قبل وخلال الحمل

التدخين

19. قبل الحمل، كم من الأصناف التالية كنت لتدخين؟

1. لا تدخن
2. سجائر: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
3. سيجار: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
4. الترجيلة: _____ في اليوم، _____ في الأسبوع، _____ في الشهر

20. خلال الثلث الأول من حملك، كم من الأصناف التالية تدخين؟

1. لا تدخن
2. سجائر: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
3. سيجار: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
4. الترجيلة: _____ في اليوم، _____ في الأسبوع، _____ في الشهر

تناول الكحول

21. خلال الثلث الأول من حملك، كم مشروب من الأصناف التالية تتناولين؟

1. لا الشرب الكحول
2. قهوة: _____ (قهوة / اليوم)، _____ (قهوة / الأسبوع)، _____ (قهوة / الشهر)
3. قهية: _____ (كاس / اليوم)، _____ (كاس / الأسبوع)، _____ (كاس / الشهر)
4. شايهايا: _____ (كاس / اليوم)، _____ (كاس / الأسبوع)، _____ (كاس / الشهر)
5. المشور المركز، حديدي: _____ (النوع) _____ (قهوة أو كاس / اليوم) _____ (قهوة أو كاس / الأسبوع) _____ (قهوة أو كاس / الشهر)
6. حور، حديدي: _____ (النوع) _____ (قهوة أو كاس / اليوم) _____ (قهوة أو كاس / الأسبوع) _____ (قهوة أو كاس / الشهر)

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V. المأخوذ الغذائي قبل الحمل

22. استبيان ونبرة استهلاك الطعام برجي ملك التفكير بالنسبة الغذائي الخاص بك الذي ليسته خلال فترة حملك الرجاء تحديد الكمية المتوقعة علف في اليوم أو الأسبوع أو الشهر. لكان من المؤيد الغذائية التالية. الرجاء أن تكون أمونيك دقيقة قدر المستطاع. إن دقة نتائج هذه الدراسة تعتمد على دقة إجاباتك.

فترة الاستهلاك	الكمية الإعتيادية	مائل عن حجم الكمية	نوع الطعام	CODE
المحورب والمشتقات المرتكزة على المحورب				
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	1.1
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	1.2
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	1.3
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	1.4
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	1.5
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	1.6
المعكرونة والمحبوب الأخرى				
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	2.1
أبدا <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	2.2

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NUT.FN.12 استبيان ليخت علمي، رقم البروتوكول: NUT.FN.12

أيام	أسبوع	شهر	أيام	أسبوع	شهر	أيام	أسبوع	شهر	أيام	أسبوع	شهر	أيام	أسبوع	شهر	أيام	أسبوع	شهر	أيام	أسبوع	شهر	المنتجات المعروضة على الأرز	Side A	2.3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	الخبز ومنتجاتها	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	3.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز	3.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	3.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	3.4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل (مشكل)	4.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	4.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	4.3
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	5.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	5.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	5.3
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	6.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	6.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	7.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	خبز مائل	7.2

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202-895-6100

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	لحم (بقر)، مطبوخ، قليل الدهون	لحم (بقر)	7.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	لحم (بقر)، مطبوخ، متناهي الدهون	لحم (بقر)	7.4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	لحم (خبر)، مطبوخ، غني بالدهون	لحم (خبر)	7.5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	اللحوم - لحوم الأعضاء	اللحوم - لحوم الأعضاء	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	اللحوم - التوابل	اللحوم - التوابل	8.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	دولون، ذات لحم	دولون، ذات لحم	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	دولون، مثانة بالظلمون أو كمنك (nuggets - escalope)	دولون، مثانة بالظلمون أو كمنك (nuggets - escalope)	9.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	اللحوم - البيض	اللحوم - البيض	9.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	بيضة كاملة	بيضة كاملة	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	اللحوم - الأسماك ولحم البقر	اللحوم - الأسماك ولحم البقر	10.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	الأسماك	الأسماك	11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	الأسماك المسجلة بالزيت (تونة - سردين)	الأسماك المسجلة بالزيت (تونة - سردين)	11.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	الأسماك المسجلة من غير زيت (سالم)	الأسماك المسجلة من غير زيت (سالم)	11.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	اللحوم - البيض	اللحوم - البيض	11.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	قريبان، اوسط	قريبان، اوسط	11.4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	كاملان، اوسط	كاملان، اوسط	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	كريبان، اوسع	كريبان، اوسع	12.1

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أيام	شهر	سبوع	يوم	Side A	مكررات	12.2
أيام	شهر	سبوع	يوم	1 وسط لثاني	ثلاث	12.3
أيام	شهر	سبوع	يوم	1 وسط لثاني	ثلاثون	12.4
الحليب ومشتقاته						
أيام	شهر	سبوع	يوم	حصة واحدة = مالت/برغ Side A or B	من (قبل التسمم) لايت/بضام	13.1
أيام	شهر	سبوع	يوم	حصة واحدة = مالت/برغ Side A or B	من (عش) بالتسمم/اسفلام	13.2
أيام	شهر	سبوع	يوم	حصة واحدة = مالت/برغ Side A or B	من (مصلح كريمة)	13.3
أيام	شهر	سبوع	يوم	Side A/ كرتونة حليب وسط	الحليب ومشروبات الحليب الكاملة التسم	13.4
أيام	شهر	سبوع	يوم	Side A/ كرتونة حليب وسط	الحليب ومشروبات الحليب الكاملة (الحالية التسم	13.5
لبن ومشتقاته						
أيام	شهر	سبوع	يوم	Side A	لبن ومشتقاته	14
أيام	شهر	سبوع	يوم	Side A	لبن، حادي	14.1
أيام	شهر	سبوع	يوم	Side A/ عوزة حوران	لبن، لايت، حالية التسم	14.2
أيام	شهر	سبوع	يوم	Side A/ عوزة حوران	لبن، حادي - كامل التسم	14.3
أيام	شهر	سبوع	يوم	Side A/ عوزة حوران	لبن، حليب أو حالي من التسم	14.4
البيززا والقطاير						
أيام	شهر	سبوع	يوم	مقرشة كبيرة / بوشية مسفورة /	مقرشات	15.1
أيام	شهر	سبوع	يوم	حصة مسفورة	مقرشات، حوم مسفورة	15.2
أيام	شهر	سبوع	يوم	Side A or Side B / بوشية	بيزا	15.3



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في مجال
التغذية
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16		الاطباق	
لحمي شوكي، بانديان، قرندب مطبوخ	Side A	لحمي شوكي، بانديان، قرندب مطبوخ	16.1
هندية مقلية مع البصل	Side A	هندية مقلية مع البصل	16.2
بانديان، كوس، ملوف، ورق طبخ هيمشي بالأرز والسم	Side A/ كوس وسط 1	بانديان، كوس، ملوف، ورق طبخ هيمشي بالأرز والسم	16.3
بختة (سوخنة، دامية، بالاء، سباح)	Side A	بختة (سوخنة، دامية، بالاء، سباح) * حون رز	16.4
17			
قهوة ولزبوت (المضافة إلى الكفير، اسطفا، الفخ)			
زبدية	Side A	زبدية	17.1
مايونيز، عشي	Side A	مايونيز، عشي	17.2
زيت زبون	Side A	زيت زبون	17.3
طحينة	Side A	طحينة	17.4
زيت نباتي	Side A	زيت نباتي	17.5
18			
القهوة والزبوت (المستخدمة للقي)			
زبدية	Side A	زبدية	18.1
زيت زبون	Side A	زيت زبون	18.2
سمن نباتي	Side A	سمن نباتي	18.3
زيت نباتي	Side A	زيت نباتي	18.4
19			
السكر ومشتقاته			
سكر	Side A	سكر	19.1
سكر	حصص سكر صغيرة	سكر	19.2
شوكولا	حصص شوكولا وسكر Side B	شوكولا	19.2
كريمة شوكولا (chocolate spread)	Side A	كريمة شوكولا (chocolate spread)	19.3

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الصفات والعلوات		20
<input type="checkbox"/> أيا	Side B	كعك
<input type="checkbox"/> لوم	Side B	20.1
<input type="checkbox"/> لشوع	Side B/	20.2
<input type="checkbox"/> شهر	وسط	بسكوت
<input type="checkbox"/> أيا	Side B/	20.3
<input type="checkbox"/> لوم	كبير	كروسان
<input type="checkbox"/> لشوع	Side B/	20.4
<input type="checkbox"/> شهر	وسط	كعك الفوتن
<input type="checkbox"/> أيا	Side A	عسل، موز، لبن وحلاوة
<input type="checkbox"/> لوم	Side A	21
<input type="checkbox"/> لشوع	Side A	21.1
<input type="checkbox"/> شهر	Side A	مشقات السكر (لبن، حلاوة، عسل)
<input type="checkbox"/> أيا	1 scoop/ 1 stick	21.2
<input type="checkbox"/> لوم	1 scoop/ 1 stick	21.3
<input type="checkbox"/> لشوع	1 scoop/ 1 stick	21.4
<input type="checkbox"/> شهر	Side A	21.5
<input type="checkbox"/> أيا	Side A	21.6
<input type="checkbox"/> لوم	Side A	22
<input type="checkbox"/> لشوع	Side A	22.1
<input type="checkbox"/> شهر	Side A	22.2
<input type="checkbox"/> أيا	Side A	22.3

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المشروبات الغير كحولية				23
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	قهوة سريعة التجميد، إسكافيه، قهوة تركية
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	شاي
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	قهوة خالية من الكافيين أو شاي بالأعشاب/زهورات
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	مشروب الطاقة أو الرياضية
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	مشروبات غازية
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	مشروبات غازية ذات خالية من السكر
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	ماء
المشروبات الغير كحولية				24
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	كعاب
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	حرفل
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	<input type="checkbox"/> Side A	زيتون وسمن
<input type="checkbox"/> آيها	<input type="checkbox"/> لسوغ	<input type="checkbox"/> شهر	1 حصة كعاب حواري / Side A	كعاب

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23. هل هناك أي أطعمة أو مشروبات تتناولونها عادة ولم تكن على ذكرها؟
1. نعم، حددني

- (حجم الوجبة) (عدد الوجبات أسبوعياً) (المتعلم/الشراب)
..... (حجم الوجبة) (عدد الوجبات أسبوعياً) (الطعام/الشراب)
..... (حجم الوجبة) (عدد الوجبات أسبوعياً) (الطعام/الشراب)
..... (حجم الوجبة) (عدد الوجبات أسبوعياً) (الطعام/الشراب)
..... (حجم الوجبة) (عدد الوجبات أسبوعياً) (الطعام/الشراب)

2. لا

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VI. المأخوذ الغذائي خلال الحمل

24. المأخوذ الغذائي خلال الأربع وعشرين ساعة الأخيرة، نرجو منك أن تتذكرى ما تناولته من طعام أو شراب في الأسبوع منذ نبوضك في الصباح وحتى اليوم التالي.

طريقة التحضير	الكمية	للعلم الذي تناولته	الوقت

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25. هل كان الأيمن يوماً عادياً؟

1. نعم
2. لا، حدثني:

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VII. الأمن الغذائي للأسرة

26. أداة قياس إنعدام الأمن الغذائي في المنزل

الرقم	المسألة	الخيارات الإجوبية
HFIAS_1	في الأسابيع الأربعة السابقة، هل قلقت بأن منزلك لا يحترق على الطعام الكافي؟	1- لا 2- نعم
HFIAS_2	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_3	في الأسابيع الأربعة السابقة، هل كنت أو أحد أفراد الأسرة لم يتمكن من تناول أنواع الأطعمة المغنضة فيه لعدم وجود الموارد الكافية؟	1- لا 2- نعم
HFIAS_4	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_5	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة يجب عليه تناول أنواع محدودة من الطعام لعدم وجود الموارد؟	1- لا 2- نعم
HFIAS_6	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_7	في الأسابيع الأربعة السابقة، هل كنت أو أحد أفراد الأسرة يجب عليه تناول نوع من الطعام لم يكن يريد تناوله لعدم وجود الموارد للحصول على أنواع أخرى من الطعام؟	1- لا 2- نعم
HFIAS_8	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)

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HFIAS_9	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة يجب عليه تناول وجبة أسبوعياً من الحبوب لضم وجود كمية كافية من الطعام؟	لا نعم
HFIAS_10	كم مرة حدث ذلك؟	1- نائراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_11	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة يجب عليه تناول وجبات أقل في اليوم لعدم وجود كمية كافية من الطعام؟	لا نعم
HFIAS_12	كم مرة حدث ذلك؟	1- نائراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_13	في الأسابيع الأربعة السابقة، هل، في أي وقت، لم يتواجد أي نوع من الطعام في المنزل لعدم وجود الموارد للحصول على الطعام؟	لا نعم
HFIAS_14	كم مرة حدث ذلك؟	1- نائراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_15	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة ذهب إلى اليوم في الليل جالفاً لعدم توفر الطعام الكافي؟	لا نعم
HFIAS_16	كم مرة حدث ذلك؟	1- نائراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_17	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة بقي 24 ساعة دون تناول أي شيء لعدم توفر الطعام الكافي؟	لا نعم
HFIAS_18	كم مرة حدث ذلك؟	1- نائراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)

Reference: Collins, Swisher, Ann, Frick, and David Brady. 2007. Household Food Insecurity Access Scale (HFIAS) for Measurements of Food Access and Insecurity. *Diets*, vol. 1. Food and Nutrition Assistance Administration, Washington, DC: USAID.

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VIII. الخصائص الديمغرافية والاجتماعية والإقتصادية والجغرافية للأسرة

27. ما هو تاريخ ميلادك (اليوم/الشهر/السنة)؟ _____ / _____ / _____

28. ما هو أعلى مستوى من التحصيل العلمي الذي وصلت إليه؟

1. لم ألتحق بالمدرسة
2. المرحلة الابتدائية
3. المرحلة المتوسطة
- 4... المرحلة الثانوية
5. دبلوم تعليم تقني/فني
6. شهادة جامعية
7. رفضت الإجابة

29. هل تخصصت في مجال الصحة (الطب، علوم الأحياء، الصحة العامة، علم الصيدلة أو غيرها) (انتقل إلى السؤال 32 إذا لم تحصل المرأة على دبلوم تعليم تقني/فني أو شهادة جامعية)؟

1. نعم
2. لا

30. ما نوع العمل الذي تقومين به؟

1. ربة منزل (انتقل إلى السؤال 32)
2. موظفة بدوام كامل
3. موظفة بدوام جزئي
4. مساحبة عمل خاص، حرة:
5. غير، حرة:

31. إذا كنت تعملين، متى تكونين استئناف دوام العمل بعد الولادة؟

1. بعد 49 يوماً (شهر ونصف تقريباً)
2. بعد 70 يوماً (شهرين ونصف تقريباً)
3. بعد ثلاث أشهر
4. لا أعلم
5. لا أعظم استئناف العمل

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32. في أي منطقة/محافظة في لبنان تقطنين؟

1. بيروت
2. جبل لبنان
3. الجنوب
4. النبطية
5. الشمال
6. البقاع

33. هل هناك أي صلة قرابة بينك وبين زوجك (أقرب من الجيل الأول، أقرب من الجيل الثاني، صلة قرابة بعيدة)؟

1. نعم
2. لا

34. ما هو عمر زوجك؟ _____ سنة

35. ما هو أعلى مستوى من التحصيل العلمي الذي وصل إليه زوجك؟

1. لم يذهب إلى المدرسة
2. المرحلة الابتدائية
3. المرحلة المتوسطة
4. المرحلة الثانوية
5. دبلوم تعليم تقني/فني
6. شهادة جامعية
7. رفضت الإجابة

36. ما نوع العمل الذي يقوم به زوجك؟

1. لا يعمل
2. لا يعمل، ولكن يبحث عن عمل
3. موظف بدوام كامل
4. موظف بدوام جزئي
5. صاحب عمل خاص، حديدي: _____
6. غير ذلك، حديدي: _____

37. ما هو عدد الأشخاص الذين يسكنون في منزلكم (بما في ذلك الأقارب أو أفراد العائلة الذين يسكنون معك بشكل جزئي)؟ _____

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38. كم عدد الغرف في منزلكم (باستثناء المطبخ والحمامات والممرات والمراج والشرفات المفتوحة)؟ _____

39. هل تمتلكون أنت وأبو زوجك المنزل الذي تسكنون فيه؟

1. نعم
2. لا

40. كم عدد السيارات التي تمتلكونها؟ (بما في ذلك سيارتك الخاصة وسيارة زوجك أو أي من سيارات أولادكم)؟ _____

41. ما هو المدخول الشهري للعائلة (بالتيرة الثنائية) (بما في ذلك مجموع رواتب المرأة وزوجها والمناخيل التي ترد إلى المنزل عن طريق الأقارب أو الأرض أو غيرها من مصادر الدخل)؟

1. أقل من 600,000 (أقل من \$ 400)
2. 600,001 – 999,999 (\$ 401 – 666.9)
3. 1,000,000 – 1,499,000 (\$ 667 – 999.9)
4. 1,500,000 – 1,999,000 (\$ 1,000 – 1,332.9)
5. 2,000,000 – 2,499,000 (\$ 1,333 – 1,666.9)
6. 2,500,000 – 2,999,000 (\$ 1,667 – 1,999)
7. 3,000,000 أو أكثر (\$ 2,000 أو أكثر)
8. لا أعلم/غير متأكد
9. رفضت الإجابة

شكراً لإجابتك على هذه الأسئلة.

أريد أن أسألك الآن عن التاريخ والوقت الذي تودين الذهاب فيه إلى مختبر المستشفى لإجراء فحوصات الدم، لأنني أود أن أكون متواجدة لأطلب من الممرضة سحب عينة دم إضافية بهدف هذه الدراسة.

التاريخ: _____/_____/_____

الوقت: _____:

تواظبت نهاية الإستمارة:

VISIT 1- QUESTIONNAIRE

VERSION DATE: JULY 26, 2013

Institutional Review Board

16 AUG 2013

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VISIT 3 QUESTIONNAIRE (ENGLISH)

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**



Faculty of Agricultural and Food Sciences
Department of Nutrition and Food Sciences

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American University of Beirut
31 JUL 2013

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**Mother and Child Cohort:
Towards Curbing the Epidemic of
Noncommunicable Diseases in Lebanon**

**VISIT 3
(3rd Trimester of Pregnancy)**

Institutional Review Board
American University of Beirut

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RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

Interviewer's Name: _____	Date (DD/MM/YYYY): ___/___/___
Subject ID Number: _____	Day of the Week: _____
Health-Care Center (AUBMC / RHUH)	Interview Start Time: _____

TABLE OF CONTENTS	PAGE
I. Anthropometric Measurements during Pregnancy	3
II. General Information about the Current Pregnancy	3
III. Dietary Practices and Supplement Use during Pregnancy	4
IV. Lifestyle Practices during Pregnancy	4
V. Dietary Intake during Pregnancy	5
VI. Maternal Exposure, Knowledge, Attitudes, and Intentions Regarding Infant Feeding Practices	14

I. ANTHROPOMETRIC MEASUREMENTS DURING PREGNANCY

1. Weight: _____ Kg
2. Blood Pressure (SBP/DBP): ____/____ mmHg

II. GENERAL INFORMATION ABOUT THE CURRENT PREGNANCY

3. In which gestational week are you? _____ weeks
4. Which of the following symptoms are you currently experiencing (circle all that apply)?
 1. Nausea
 2. Vomiting
 3. Heartburn
 4. Constipation
 5. Edema (swelling of hands or feet)
 6. Food cravings
 7. Non-food cravings (clay, ice, soap, etc.)
 8. Food aversions
 9. Loss of appetite
 10. Increase in appetite
 11. None of the above

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III. DIETARY PRACTICES AND SUPPLEMENT USE DURING PREGNANCY

5. How many times per week do you currently eat breakfast (during your 3rd trimester of pregnancy)?
1. Everyday
 2. 3-6 times a week
 3. < 3 times a week
 4. Never
6. During your 3rd trimester of pregnancy, did you continue/start taking any vitamin / mineral / herbal supplements?
1. Yes, please specify brand and dose/day: _____
 2. No _____

IV. LIFESTYLE PRACTICES DURING PREGNANCY

Smoking

7. During your 3rd trimester of pregnancy, how many of the following do you usually smoke?
1. I do not smoke
 2. Cigarettes: _____ per day; _____ per week; _____ per month
 3. Cigars: _____ per day; _____ per week; _____ per month
 4. Narghili: _____ per day; _____ per week; _____ per month

V. DIETARY INTAKE DURING PREGNANCY

8. Food-Frequency Questionnaire. Please think about your eating patterns during your 3rd trimester. Please indicate your usual intake of each of the following food items per day, week, or month. Please be as precise as you can in your recall. The accuracy of the study results depends on the accuracy of your answers.

CODE	FOOD ITEM	REFERENCE PORTION	USUAL PORTION	FREQUENCY OF CONSUMPTION
1	CEREALS AND CEREAL-BASED PRODUCTS			
1.1	White bread	1 large Arabic loaf/ 1 medium Arabic loaf/ 1 baguette		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.2	Brown/whole wheat bread	1 large Arabic loaf/ 1 medium Arabic loaf/ 1 baguette		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.3	Ka'ak products	1 finger sized		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.4	Toast and crackers	1 regular toast		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.5	Regular breakfast cereals	Side A/ 1 small box (35 g)		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.6	Bran or whole grain breakfast cereals	Side A/ 1 small box (35 g)		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2	PASTA AND OTHER CEREALS			
2.1	Bulgur, cooked	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2.2	Pasta/noodles, cooked	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2.3	Rice and rice-based products	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3	POTATOES AND POTATO-BASED PRODUCTS			
3.1	French Fries	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

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3.2	Potato	1 portion, medium	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
3.3	Potato chips, regular	S / M / L bag	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
3.4	Potato chips, light	S / M / L bag	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
4	VEGETABLES					
4.1	Vegetables, canned (mixed)	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
4.2	Vegetables, raw	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
4.3	Salad, green	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
5	FRUITS					
5.1	Fresh fruits	Side A/ 1 medium portion	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
5.2	Canned fruits	Side A/ 1 medium portion	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
5.3	Dried fruits	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
5.4	Fruit-based desserts (cocktails)	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
6	FRUIT JUICES					
6.1	Fruit Juices, Canned	Side A/ 1 regular (240 mL)	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
6.2	Fruit Juices, Fresh	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
7	MEAT - Cured Meat					
7.1	Cured meat, except ham (luncheon meat, hotdog)	Side B/ Regular cured Meat slice/ Hotdog size	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
7.2	Ham	Regular cured ham slice	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
7.3	Meat (beef), cooked, low fat	Side B	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
7.4	Meat (beef), cooked, medium - high fat	Side B	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
7.5	Meat (lamb), cooked, high fat	Side B	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

VISIT 3- QUESTIONNAIRE

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8	MEAT- Offals								
8.1	Organ meat (liver, heart, brain, etc.)	Side B							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
9	MEAT- Poultry								
9.1	Poultry	Leg/high/breast/ Side B							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
9.2	Poultry, breaded (nuggets, escalope)	Nuggets/ Side B							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
10	MEAT- Eggs								
10.1	Eggs, whole	1 egg							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
11	MEAT- Fish and Seafood								
11.1	Fish	Side B							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
11.2	Fish, canned with oil (tuna, sardines)	1 large can/ 1 small can							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
11.3	Fish, canned without oil (in water)	1 large can/ 1 small can							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
11.4	Shellfish	Shrimp: 1 medium Calamari: 1 medium Crab stick: 1 stick							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
12	PULSES, NUTS AND SEEDS								
12.1	Beans, Chickpeas, Fava Beans, Lentils, Seeds	Side A							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
12.2	Nuts	Side A							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
12.3	Falafel	1 falafel piece							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
12.4	Olives	1 medium olive							<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

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13 MILK AND DAIRY PRODUCTS									
13.1	Cheese (low fat / light/white)	1 square/triangular portion/ Side A or B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.2	Cheese (high fat/yellow)	1 square/triangular portion/ Side A or B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.3	Cheese (processed, creamy)	1 square/triangular portion/Side A or B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.4	Full fat milk, milk-based beverages	Side A/ 1 carton of flavored milk				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
13.5	Low fat milk, milk-based beverages	Side A/ 1 carton of flavored milk				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14 YOGURT AND YOGURT-BASED PRODUCTS									
14.1	Laktosh, regular	Side A				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14.2	Laktosh, low fat and skim (0-2%)	Side A				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14.3	Yogurt, regular	Side A/ 1 regular ayran bottle				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
14.4	Yogurt, light	Side A/ 1 regular ayran bottle				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
15 PIZZAS AND PIES									
15.1	Pies, "Manoosh"	1 large/ 1 bouchee				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
15.2	Pies, small (e.g.: fatayer spinach, sambousek)	1 small				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
15.3	Pizza	Side A or B/ 1 small bouchee				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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16	MIXED DISHES				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.1	Artichoke, eggplant, cauliflower cooked	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.2	Chicoory, fried with onions	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.3	Eggplant, zucchini, cabbage, grape leaves * stuffed with rice & meat	Side A/ 1 medium portion			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.4	Stew (Jews mallow, okra, peas, spinach) *w/foxt rice	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17	FATS AND OILS (ADDED ON BREADS)							
17.1	Butter/ghee	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.2	Mayonnaise, regular	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.3	Olive oil	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.4	Tahini	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.5	Vegetable oil	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18	FATS AND OILS (USED IN FRYING)							
18.1	Butter/ghee	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18.2	Olive oil	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18.3	Vegetable ghee	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18.4	Vegetable oil	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19	SUGAR AND SUGAR DERIVATIVES							
19.1	Sugar	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19.2	Candy	1 small			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19.3	Chocolate	1 medium bar/ Side B			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19.4	Chocolate spread	Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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20 CAKES AND PASTRIES									
20.1	Cakes and pastries		Side B			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.2	Arabic sweets		Side B			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.3	Biscuits		Side B/ 1 medium			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.4	Croissant		Side B/ 1 large			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.5	Doughnuts		Side B/ 1 medium			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21	HONEY, JAM, MOLASSES AND HALAWAH								
21.1	Jam		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.2	Sugar derivatives (molasses, halawa, honey)		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.3	Ice cream, regular		1 scoop/ 1 stick			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.4	Ice cream, low fat		1 scoop/ 1 stick			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.5	Pudding, regular (custard, mablahiye)		Side A/ 1 medium container			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.6	Pudding, low fat		Side A/ 1 medium container			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
22	ALCOHOLIC BEVERAGES								
22.1	Beer		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
22.2	Spirit drinks (e.g. Whiskey, Rum, Vodka.)		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
22.3	Wine		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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23	NON-ALCOHOLIC BEVERAGES			
23.1	Coffee instant, Nescafe, Turkish,	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
23.2	Tea	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
23.3	De-caFFEinated coffee or herbal tea	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
23.4	Energy & sports drinks	Side A/ 1 can (330 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
23.5	Soda, Regular	Side A/ 1 can (330 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
23.6	Diet Soda	Side A/ 1 can (330 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
23.7	Water	Side A/ 1 Liter	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
24	MISCELLANEOUS			
24.1	Ketchup	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
24.2	Mustard	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
24.3	Zaatar (thyme & sesame)	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
24.4	Pickles	1 medium cucumber/ Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

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9. Are there any other foods and/or beverages that were not mentioned above that you usually eat at least once per week?

1. Yes, please specify:

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

2. No

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10. 24-Hour Dietary Recall. Please recall what you ate and drank the previous day from the time you woke up until the next morning.

Time	Food eaten	Amount	Method of preparation

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Time	Food eaten	Amount	Method of preparation

11. Was yesterday a usual day?

1. Yes
2. No, please specify: _____

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VI. Maternal Exposure, Knowledge, Attitudes, and Intentions Regarding Infant Feeding Practices

Exposure to Breastfeeding [Adapted from: Tarrast and Dodgson, 2007; Kavarogh et al., 2012]

12. Were you ever breastfed as a child?

1. Yes
2. No
3. Unsure.

13. Do you know anyone who has breastfed?

1. Yes, please specify: _____
2. No

14. Have you ever witnessed a woman breastfeeding?

1. Yes
2. No

Knowledge about Breastfeeding [Adapted from: Grossman et al. (1990)]

The Infant Feeding Knowledge Test	Yes	No
15. Breastfeeding cuts down on the mother's bleeding after delivery		
16. Breast milk makes up a complete diet for a baby. No extras (food, vitamins, etc.) are needed until the baby is close to one year of age		
17. If your breasts are small, you might not have enough milk to feed the baby		
18. When a mother is sick with the flu or a bad cold, she can usually continue to breastfeed her baby		
19. Babies who are breastfed tend to get fewer allergies than babies who get formula		
20. The pill is the best way to keep from getting pregnant while you are breastfeeding		
21. You shouldn't try to breastfeed if you are planning to go back to work or school since you won't be able to be with your baby for feedings		

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

22. The more often you breastfeed, the more milk you will have for your baby		
23. Babies who are breastfed tend to get fewer infections than babies who get formula		
24. Many women are not able to make enough milk to feed their baby		

25. The best food for a newborn baby is:

1. Breast milk
2. Formula
3. Breast milk and water

26. Because babies may get a bad reaction to certain foods, breastfeeding mothers should never eat:

1. Pizza or other spicy foods
2. Coffee, tea, or other drinks with caffeine
3. All of the above
4. None of these are correct

27. After a baby loses weight following birth, he/she will probably gain it back faster if:

1. He/she is breastfed
2. He/she is bottle-fed
3. Neither is correct

28. You shouldn't try to breastfeed if you:

1. Have twins
2. Have a c-section
3. Drink a lot of alcoholic beverages

29. Breastfeeding mothers' nipples get sore if:

1. The baby's feeding position is not right
2. The mother has light-colored skin
3. This is the first baby she has breastfed

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30. When you breastfeed, the best way to tell if the baby is getting enough milk is by:

1. He/she does not suck on his/her fist after he/she is done nursing
2. He/she does not cry
3. He/she has 6 or more wet diapers in 24 hours

31. When you breastfeed:

1. You may get your figure back easier
2. You nearly always gain weight
3. You may feel weak when you feed your baby

32. If you breastfeed:

1. No one else can help her with the baby since you have to feed him/her
2. More of your time will be taken up by the baby than if you bottle-feed
3. It will be very difficult to feed the baby in public places
4. None of the above are correct

33. Breastfeeding will probably make:

1. Your breasts sag
2. Your breasts larger after you stop breastfeeding your baby
3. No difference in the size or shape of your breasts

34. Breastfed babies need:

1. Only breast milk for the first 4 to 6 months
2. A bottle of formula every day or so
3. Extra water on a daily basis

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Attitudes towards Breastfeeding [Adapted from: De La Mora et al. (1999)]

The Iowa Infant Feeding Attitude Scale	SD	D	N	A	SA
35. The nutritional benefits of breast milk last only until the baby is weaned from breast milk	5	4	3	2	1
36. Formula-feeding is more convenient than breastfeeding	5	4	3	2	1
37. Breastfeeding increases mother/ infant bonding	1	2	3	4	5
38. Breast milk is lacking in iron	5	4	3	2	1
39. Formula fed babies are more likely to be overfed than are breastfed babies	1	2	3	4	5
40. Formula feeding is the better choice if the mother plans to work outside the home	5	4	3	2	1
41. Mothers who formula feed miss one of the great joys of motherhood	1	2	3	4	5
42. Women should not breastfeed in public places such as in restaurants	5	4	3	2	1
43. Babies fed breast milk are healthier than babies who are fed formula	1	2	3	4	5
44. Breastfed babies are more likely to be overfed than formula fed babies	5	4	3	2	1
45. Fathers feel left out if a mother breastfeeds	5	4	3	2	1
46. Breast milk is the ideal food for babies	1	2	3	4	5
47. Breast milk is more easily digested than formula	1	2	3	4	5
48. Formula is as healthy for an infant as breast milk	5	4	3	2	1
49. Breastfeeding is more convenient than formula feeding	1	2	3	4	5
50. Breast milk is less expensive than formula	1	2	3	4	5
51. A mother who occasionally drinks alcohol should not breastfeed her baby	5	4	3	2	1

SD= Strong Disagreement; D= Disagreement; N= Neutral; A= Agreement; SA= Strong Agreement

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Intentions to Breastfeed [Adapted from: Nommensen-Rivers and Dewey (2009)]

The Infant Feeding Intentions (IFI) Scale	Very much agree	Somewhat agree	Unsure	Somewhat disagree	Very much disagree
52. I am planning to only formula feed my baby (I will not breastfeed at all)	0	1	2	3	4
53. I am planning to at least give breastfeeding a try	4	3	2	1	0
54. When my baby is 1 month old, I will be breastfeeding without using any formula or other milk	4	3	2	1	0
55. When my baby is 3 months old, I will be breastfeeding without using any formula or other milk	4	3	2	1	0
56. When my baby is 6 months old, I will be breastfeeding without using any formula or other milk	4	3	2	1	0

57. What is/are the primary reason (s) for not intending to breastfeed your child?

Primary Reason (s)	Yes	No
1. Don't like breastfeeding		
2. Breastfeeding is embarrassing		
3. Breastfeeding is painful and discomforting		
4. Cannot breastfeed when tired and fatigued		
5. Cannot breastfeed when lacking sleep		
6. Lack of breastfeeding-friendly public places		
7. Lack of support from husband		
8. Lack of support from others (family members, friends)		
9. Infant formula is healthier than breastmilk		
10. Have a history of problems with milk production		
11. Breastmilk is insufficient to adequately satisfy my baby		
12. Cannot breastfeed due to my medical problems		
13. Baby will not accept my breast		
14. Need to go back to work		
15. Other, please specify:		

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58. What is/are the primary reason (s) that is/are encouraging you to breastfeed your child?

Primary Reason (s)	Yes	No
1. Breastfeeding is beneficial to the child		
2. Breastfeeding is beneficial to the mother		
3. Previous breastfeeding experience encourages it further		
4. Doctor's advice		
5. Husband's advice		
6. Advice from others (family, friends)		
7. High cost of formula milk		
8. Breastmilk is healthier/more nutritious than formula milk		
9. Other, please specify:		

Institution:
 Address:
 Date:
 Signature:

Interview End Time: _____

VISIT 3 QUESTIONNAIRE (ARABIC)

إستبيان لبحث علمي، رقم البروتوكول: NUT.FN.12



كلية الزراعة والعلوم الغذائية
دائرة التغذية وعلم الغذاء

دراسة مُتابعة للأم والطفل:
بهدف تقليل نسبة خطر الإصابة بالأمراض
غير المعدية في لبنان

الزيارة 3
(الثالث الثالث من الحمل)

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إستبيان لبحث علمي، رقم البروتوكول: **NUT.FN.12**

التاريخ (DD/MM/YYYY):	_____ / _____ / _____	إسم الباحث:	_____
اليوم من الأسبوع:	_____	رقم الشخص المشارك:	_____
وقت البدء بالمقابلة:	_____	نوع المركز الصحي (AUBMC / RHUH)	_____

الصفحة	المفرد
3	I. القياسات الأنتروبيولوجية خلال الحمل
3	II. معلومات عامة حول الحمل الحالي
4	III. العادات الغذائية وتناول المكملات الغذائية خلال الحمل
4	IV. العادات المتبعة كأسلوب حياة خلال الحمل
5	V. المأخوذ الغذائي خلال الحمل
13	VI. مدى تعرض الأم للرضاعة ومدى معرفتها بأسور الرضاعة ونظرتها للرضاعة وعزمها على إرضاع طفلها

I. القياسات الأثنروبولوجية خلال الحمل

1. الوزن: _____ كلغ

2. ضغط الدم (الضغط الانقباضي /الضغط الانبساطي): _____ / _____ ملم من الزئبق

II. معلومات عامة حول الحمل الحالي

3. في أي اسبوع من الحمل أنت الآن؟ _____ أسبوع

4. ما هي العوارض التي تختبرينها حاليًا (اختر كل ما ينطبق)؟

1. غثبان
2. تقوية
3. حرقة في المعدة
4. إكتام
5. تورم (الأيدي والأرجل)
6. إشتهاء بعض أنواع الطعام
7. إشتهاء أشياء ليست بطعام (لا لتأكل) (ملين، ثلج، صابون وغيرها)
8. كره بعض الأطعمة
9. فقدان الشهية
10. شهية زائدة
11. لا أحد مما سبق

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III. العادات الغذائية وتناول المكملات الغذائية خلال الحمل

5. كم عدد المرات التي تتناولين وجبة الفطور حاليًا (خلال الثلث الثالث من حملك)؟

1. كل يوم
2. 3-6 مرات في الأسبوع
3. أقل من 3 مرات في الأسبوع
4. أبداً

6. خلال الثلث الثالث من حملك، هل بدأت أو تابعت تناول المكملات الغذائية من فيتامينات أو معادن أو أعشاب طبية؟

1. نعم، حددني النوع والكمية في اليوم: _____
2. لا

IV. العادات المتبعة كأسلوب حياة خلال الحمل

التدخين

7. خلال الثلث الثالث من حملك، كم من الأساليب التالية تتدخين؟

1. لا تدخن
2. سيجار: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
3. سيجار: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
4. للرجيلة: _____ في اليوم، _____ في الأسبوع، _____ في الشهر

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V. المأخوذة الغذائي خلال العمل

8. استبيان وتيرة إستهلاك الطعام. يرجى منك التفكير ولتسط الغذائي الخاص بك التي التبتة خلال الثلاث من العمل الرجاء تحديد الكمية المتناولة عادة في اليوم أو الأسبوع أو الشهر لكل من المواد الغذائية التالية. الرجاء أن تكون أجوبتك دقيقة قدر المستطاع. إن دقة نتائج هذه الدراسة تعتمد على دقة إجاباتكم.

وتيرة الإستهلاك	الكمية الإستهلكية	مثال عن حجم الحصاة	الطعام	CODE
1				
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		رغيف خبز عربي كبير / رغيف خبز عربي وسطي / خبز ترائسي (baguette)	خبز ليث	1.1
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		رغيف خبز عربي كبير / رغيف خبز عربي وسطي / خبز ترائسي (baguette)	خبز لسور / قسمة كاملة	1.2
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		كعك بحجم الأصابع	ملتحجات الكعك	1.3
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		توست وسط	توست وكراكرز	1.4
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		Side A / 35 غم حبة صغيرة ()	حبوب للطور العذبة	1.5
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		Side A / 35 غم حبة صغيرة ()	حبوب للطور المصنوعة من القمح أو الحبوب الكاملة	1.6
2				
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		Side A	المعقونة والحبوب الأخرى	2.1
يوم <input type="checkbox"/> أسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا <input type="checkbox"/>		Side A	برغل، مطبوخ، منكر، دانه، مسلوقة	2.2

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أينما <input type="checkbox"/>	شهر <input type="checkbox"/>	أسبوع <input type="checkbox"/>	يوم <input type="checkbox"/>	Side A	الأرز والمنتجات المرتكزة على الأرز	2,3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	البطاطا ومشتقاتها	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	بطاطا مقلية	3.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	حصة واحدة ووسط	بطاطا	3.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / M / L	رقائق البطاطا، عادي	3.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S / M / L	رقائق البطاطا، لذيذ	3.4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	الخبز	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	خبز مطبوخ (مشكك)	4.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	خبز، نوية	4.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	مطعم، خضراء	4.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	حصة وسط / Side A	الفاكهة	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	فاكهة الجازجة	5.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	حصة وسط / Side A	الفاكهة المطبوخة	5.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	الفاكهة المجمدة	5.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	الحبوب النخلة من الفاكهة	5.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	عصائر الفاكهة	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A / مل (240) مطبوخ عصير / Side A	عصائر الفاكهة المطبوخة	6.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side A	عصائر الفاكهة الجازجة	6.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side B / لحم الطيور البرية الوسط / brooding	الطيور - للطيور البرية والمطبوخة	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side B / لحم الطيور البرية الوسط / brooding	لحم باردة باستثناء لحم الخنزير (hondog - hamdog)	7.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	حجم اللحم البرية الوسط	لحم خنزير - Ham	7.2

AMERICAN UNIVERSITY OF SHARAH
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<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	لحم (عز)، مشبوع، قليل الدهون	7.3
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	لحم (عز)، مشبوع، معتدل، قبي الدهون	7.4
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	لحم (عز)، مشبوع، غني بالدهون	7.5
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	للحوم - لحوم الأعضاء	8
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	لحم الأعضاء	8.1
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	للحوم - التبراجين	9
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		معلق (اختياري) Side B	تولاجين، ذك لحم	9.1
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Nuggets Side B	تبراجين، مقلاة بالخبز أو تكفك (nuggets - escalope)	9.2
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		بطيخة واحدة	للحوم - البيض	10
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		بطيخة واحدة	بطيخة كتلة	10.1
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	للحوم - الأسماك ولحم الجوز	11
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side B	الأسماك	11.1
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		كتلة كبيرة كتلة صغيرة	الأسماك المشوية بالزيت (كوبه - سولات)	11.2
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		كتلة كبيرة كتلة صغيرة	الأسماك المشوية من غير زيت (مطبو) بالشام	11.3
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		قريبان: أ وسط 55قلمري: أ وسط كرايز: أ أصعب	لحم الجوز	11.4
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side A	بطيخ، مكملات، وبنجر	12
<input type="checkbox"/> آينا	<input type="checkbox"/> شهر	<input type="checkbox"/> أسبوع	<input type="checkbox"/> يوم		Side A	فاصولياء، حنظل، فواكه، عصا، باجر	12.1

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<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A	مكبرات	12.2
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	1 وسط داخل	الفلز	12.3
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	1 وسط رايقون	رايقون	12.4
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	حصة واحدة = مقلات ابراج Side A or B	الحليب ومشتقاته	13
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	حصة واحدة = مقلات ابراج Side A or B	جبن (قليل الاسم/لايت/بيضاء)	13.1
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	حصة واحدة = مقلات ابراج Side A or B	جبن (ثقي بالاسم/صغراء)	13.2
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	حصة واحدة = مقلات ابراج Side A or B	جبن (مصنوع كبريد)	13.3
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A/ كرونة حليب وسط	الحليب ومشتقات الحليب الكاملة الاسم	13.4
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A/ كرونة حليب وسط	الحليب ومشتقات الحليب قليلة الدسم	13.5
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A	اللين ومشتقاته	14
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A	لبنه عادي	14.1
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A/ عجوة غير ل	لبنه لايت/ خالية الاسم	14.2
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A/ عجوة غير ل	لبنه عادي - كامل الاسم	14.3
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A/ عجوة غير ل	لبنه، حليب ل، حالي من الاسم	14.4
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	مقلوثة كبيرة bouchée صغيرة /	الخبز والفاطير	15
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	حصة صغيرة	مقلوثة	15.1
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم	Side A or Side B / bouchée صغيرة	مقلوثة، حجم صغير	15.2
<input type="checkbox"/> آيا	<input type="checkbox"/> نعم		بنانا	15.3

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		الإطباق		16
<input type="checkbox"/>	أينا	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
17				
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
18				
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
19				
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>
<input type="checkbox"/>	أينما	<input type="checkbox"/>	شهر	<input type="checkbox"/>

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التعبات والتعليقات		20		
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide B	20.1
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide B	20.2
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide B/ وسط 1	20.3
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide B/ كبيرة 1	20.4
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide B/ وسط 1	20.5
صل، مربي، تيس، حلاوة				21
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	21.1
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	21.2
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	1 scoop/ 1 stick	21.3
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	1 scoop/ 1 stick	21.4
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	21.5
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	21.6
الشروبات الكحولية				22
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	22.1
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	22.2
<input type="checkbox"/> أيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسبوع	Slide A	22.3

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المشروبات الغير كحولية			23
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	المشروبات الغير كحولية
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	قهوة سريعة التحضير، تسكايه قهوة تركية
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	شاي
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	قهوة حلقة من الكافيين أو شاي بالاعشاب او فورات
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	مشروب الطاقة أو الرياضة
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	مشروبات غازية
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	مشروبات غازية ذات حلقة من السكر
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	ماء
المشروبات الغير كحولية			24
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	كعاب
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	حلل
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	ز عطر وشمع
<input type="checkbox"/> آييا	<input type="checkbox"/> لسيوع	<input type="checkbox"/> لسيوع	كعيب
1 حصص كعيب حبار / Side A			23,4

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9. هل هناك أي أنظمة أو مشروبات تتناولونها عادة و لم تأني على نكرها؟

1. نعم، حدثني

- (الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
----- (الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
----- (الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
----- (الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
----- (الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----

2. لا

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11. هل كان الأيمن يوماً عادياً؟

1. نعم

2. لا، حدثني:

International Business School

Faculty of Business Administration

17 17 17

17 17 17

VI. مدى تعرض الأم للرضاعة ومدى معرفتها بأمور الرضاعة ونظرتها للرضاعة وعزمها على إرضاع طفلها

تعرض الأم للرضاعة (مقتبس عن Tarrant and Dodgen, 2007 و Kavanagh et al, 2012)

12. هل تم إرضاعك عندما كنت طفلة؟

1. نعم
2. لا
3. غير متأكد

13. هل تعرفين أي امرأة قد أرضعت سابقاً؟

1. نعم، حددتي: _____
2. لا

14. هل سبق أن شاهدت امرأة تقوم بالرضاعة؟

1. نعم
2. لا

المعرفة بأمور الرضاعة (مقتبس عن Grossman et al., 1990)

لا	نعم	تقييم مدى معرفة الأم بأساليب إطعام الطفل خلال العام الأول
		15. تساعد الرضاعة على إيقاف التزيف بعد الولادة
		16. يشكل حليب الأم غذاءً كاملاً للطفل ولا حاجة لأية إضافات من الطعام أو الفيتامينات إلى أن يصبح الطفل على مقربة من عامه الأول
		17. إذا كان للذين صغرين قد لا تستطيع الأم إنتاج ما يكفي من الحليب للطفل
		18. عندما تصاب الأم بالزكام أو الرشح بإمكانها الإستمرار بإرضاع الطفل
		19. كلما تصاب الأطفال الذين يرضعون من الثدي بأمراض الحصصية بالمقارنة مع الأطفال الذين يتناولون الحليب المخصص للأطفال
		20. أفضل وسيلة لمنع الحمل خلال الرضاعة هي تجنب منع الحمل
		21. إذا كنت تعزمين إستئناف العمل يجب أن لا تعالفي إرضاع الطفل من الثدي لأنه لن

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	يستطيعون التواجد معه لإطعمته
22.	كلما قمت بإرضاع الطفل بتكرار أكثر كلما تضاعفت كمية الحليب التي تنتجها
23.	إن إحصائيات إصابة الأطفال الذين يرضعون من الثدي بالإلتهابات هي أقل من الأطفال الذين يتناولون الحليب المخصص للأطفال
24.	الكثير من النساء لا يستطيعون إنتاج ما يكفي من الحليب لأطفالهن

25. الطعام الأفضل لطفل حديث الولادة هو:

1. حليب الثدي
2. الحليب المخصص للأطفال
3. حليب الثدي والماء

26. بما أن بعض الأطفال قد يتعرضون لردة فعل سلبية لبعض الأطعمة، على الأم المرضعة عدم تناول الأطعمة التالية:

1. البينزا والأطعمة الحارة
2. القهوة والشاي وغيرها من المشروبات المنتظمة
3. الخيارين السابقين مسحقين
4. الخبازات المذكرة غير صحيحة

27. عندما ينقص وزن الطفل بعد الولادة، قد يسترجع الطفل هذا الوزن لاحقاً بشكل أسرع إذا:

1. كان يرضع من الثدي
2. كان يتناول الحليب المخصص للأطفال
3. الخبازات المذكورة غير صحيحة

28. يجب أن تتجنبتي الرضاعة في الحالات التالية:

1. لديك توأم
2. كانت ولادة الطفل ولادة قيصرية
3. تشربين الكثير من الكحول

29. تصاب حمى الثدي عند الأم المرضعة بالتفرح في الحالات التالية:

1. إذا كانت طريقة جلوس الطفل غير صحيحة
2. إذا كان لون بشرة الأم فاتح اللون
3. إذا كان هذا أول طفل ترضعه الأم

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30. عندما ترضعين، أفضل مؤشر لكون الطفل يحصل على ما يكفي من الحليب هو:
1. عندما لا يمتص الطفل كفيه بعد الرضاعة
 2. عندما لا يبكي
 3. عندما يتم إستبدال 6 أو أكثر من الضائعات المبلولة خلال 24 ساعة

31. عندما تقومين بالرضاعة:

1. تترجعين شكل جسمك السابق بسهولة
2. سيزيد وزنك بشكل مستمر تقريبا
3. قد تشعرين بالضعف عندما ترضعين الطفل

32. إذا قمت بالرضاعة:

1. لن يستطيع أحد أن يقدم لك العون في إطعام الطفل لأنه ملازمة بإطعمته
2. سيستهلكه الطفل وقت أكثر منك بالمقارنة مع إذا كان يتناول الحليب المخصص للأطفال
3. سيكون إطعام الطفل صعباً في الأماكن العامة
4. الخيارات المذكورة غير صحيحة

33. قد تؤدي الرضاعة إلى:

1. تهتك الثديين
2. زيادة في حجم الثديين بعد إيقاف الرضاعة
3. لا فرق في حجم الثديين أو شكلهما

34. يحتاج الأطفال الذين يرضعون إلى:

1. حليب الأم حصرياً خلال الأشهر 4-6 الأولى
2. قئبة من الحليب المخصص للأطفال كل يوم أو نحو ذلك
3. ماء أكثر يومياً

Institution: United World
Approval Number: 2011

11 Jul 13

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نظرة الأم للرضاعة (مقتبس عن De La Mora et al., 1999)

أوافق بشدة	أوافق	موقف محايد	لا أوافق	لا أوافق مطلقاً	مقياس ليوا لتقييم وجهة نظر الأم نحو الرضاعة
1	2	3	4	5	35. إن الفوائد الغذائية للرضاعة من الثدي تدوم فقط لحين الطعام
1	2	3	4	5	36. إرضاع الطفل الحليب المخصص للأطفال ملائم أكثر من الرضاعة من الثدي
5	4	3	2	1	37. تزيد الرضاعة من الثدي من قوة الارتباط بين الطفل والأم
1	2	3	4	5	38. يفتقر حليب الثدي للحديد
5	4	3	2	1	39. إرضاع الأطفال الحليب المخصص لهم يجعلهم أكثر عرضة للإفراط في الطعام (الشعور بالتخمة) بالمقارنة مع الأطفال الذين يرضعون حليب الأم
1	2	3	4	5	40. إرضاع الحليب المخصص للأطفال هو الخيار الأفضل إذا كانت الأم تعجزم الرضاعة خارج المنزل
5	4	3	2	1	41. إن الإسهال الوائي يلعبن أطفالهن الحليب المخصص للأطفال يسرن أجمل متعة من متع الأمومة
1	2	3	4	5	42. يجب على الأم أن تمتنع عن الرضاعة في الأماكن العامة مثل المطاعم
5	4	3	2	1	43. الأطفال الذين يرضعون من الثدي يشعرون بصحة أفضل من الأطفال الذين يتناولون الحليب المخصص للأطفال
1	2	3	4	5	44. إن الأطفال الذين يرضعون من الثدي هم أكثر عرضة للإفراط في الطعام (الشعور بالتخمة) بالمقارنة مع الأطفال الذين يرضعون الحليب المخصص
1	2	3	4	5	45. يشعر الأب بالإهمال إذا أرضعت الأم طفلها من الثدي
5	4	3	2	1	46. حليب الثدي هو الحليب الأفضل للأطفال
5	4	3	2	1	47. يستطيع الطفل هضم حليب الأم بسهولة أكثر من الحليب المخصص للأطفال
1	2	3	4	5	48. إن الحليب المخصص للأطفال يوازي بوائده الصحية حليب الثدي
5	4	3	2	1	49. رضاعة من الثدي مناسبة كصحة أكثر من الحليب المخصص للأطفال
5	4	3	2	1	50. حليب الثدي أقل كثافة من الحليب المخصص للأطفال
1	2	3	4	5	51. الأم التي تشرب الكحول أحياناً يجب أن تمتنع عن إرضاع طفلها

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عزم الأم على الرضاعة (مقتبس عن Nommsen-Rivers and Dewey, 2009)

لا أوافق بشدة	بعضاً ما لا أوافق	غير متأكد	أوافق بعضاً ما	أوافق بشدة	عزم الأم على الإرضاع
4	3	2	1	0	52. أنا أعزم إعطاء طفلي فقط الحليب المخصص للأطفال (إن لزم بالرضاعة من الثدي إطلافاً)
0	1	2	3	4	53. أنا أعزم على الأقل تجربة الرضاعة من الثدي
0	1	2	3	4	54. عندما يبلغ طفلي الشهر الأول، سوف أكون أرضع دون استعمال الحليب المخصص للأطفال
0	1	2	3	4	55. عندما يبلغ طفلي الشهر الثالث، سوف أكون أرضع دون استعمال الحليب المخصص للأطفال
0	1	2	3	4	56. عندما يبلغ طفلي الشهر السادس، سوف أكون أرضع دون استعمال الحليب المخصص للأطفال

57. ما هو السبب أو الأسباب الرئيسية لإعترافك بعدم إرضاع طفلك؟

لا	نعم	السبب أو الأسباب الرئيسية
		1. لا أحب الرضاعة
		2. الرضاعة تحسني بالخشيل والهرج
		3. الرضاعة مؤلمة ومزعجة
		4. لا أستطيع إرضاع طفلي عند الشعور بالإرهاق أو التعب
		5. لا أستطيع إرضاع طفلي عندما تعاني من قلة النوم
		6. عدم توفر أماكن عامة مواتية للرضاعة
		7. عدم توفر الدعم من الزوج
		8. عدم توفر الدعم من الآخرين (أعضاء الأسرة، الأصدقاء)
		9. الحليب المخصص للأطفال يفرق بفوائده الصحية حليب الثدي
		10. إختبرت في السابق صعوبات في صنع الحليب
		11. حليب الثدي غير كافٍ لإشباع حاجات طفلي
		12. لا يمكنني الرضاعة لأنني أعاني من مرض معين
		13. لن يتقبل الطفل الثدي
		14. ضرورة إبتلاع نوم العسل
		15. غير ذلك، حندي

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58. ما هو السبب أو الأسباب الرئيسة التي تشجعك على الرضاعة؟

لا	نعم	السبب أو الأسباب الرئيسة
		1. الرضاعة مفيدة للطفل
		2. الرضاعة مفيدة للأم
		3. الخبرة السابقة في الرضاعة تشجع عليها أكثر
		4. نصيحة الطبيب
		5. نصيحة الزوج
		6. نصيحة الآخرين (العائلة، الأصدقاء)
		7. كثرة الحليب المخصص للأطفال
		8. حليب الثدي يفوق بقرائه الغذائية والصحية الحليب المخصص للأطفال
		9. غير ذلك، حددني:

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11 JUN 2013

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توقيت نهاية الإستمارة:

VISIT 3- QUESTIONNAIRE

VERSION DATE: JULY 26, 2013

PAGE 20 OF 20

VISIT 4 QUESTIONNAIRE (ENGLISH)

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: NUT.FN.12



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RECEIVED

Faculty of Agricultural and Food Sciences
Department of Nutrition and Food Sciences

Mother and Child Cohort: Towards Curbing the Epidemic of Noncommunicable Diseases in Lebanon

VISIT 4 (4 Months Postpartum)

Institutional Review Board
American University of Beirut

18 AUG 2013

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RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

Interviewer's Name: _____	Date (DD/MM/YYYY): ____/____/____
Subject ID Number: _____	Day of the Week: _____
Health-Care Center (AUBMC / RHUH)	Interview Start Time: _____

TABLE OF CONTENTS	PAGE
I. Anthropometric Measurements of Mother	3
II. Anthropometric Measurements of Child	3
III. General Information	4
IV. Feeding Practices of Child	5
V. Dietary Intake of Child and Supplement Use	11
VI. Dietary Intake of Mother and Supplement Use	13

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VISET 4- QUESTIONNAIRE

VERSION DATE: JULY 26 2013

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I. ANTHROPOMETRIC MEASUREMENTS OF MOTHER

1. Weight: _____ Kg
2. Waist Circumference: _____ Cm
3. Percent Body Fat: _____ %

II. ANTHROPOMETRIC MEASUREMENTS OF CHILD

4. Weight: _____ Kg
5. Length: _____ Cm
6. Head Circumference: _____ Cm
7. Mid-Upper Arm Circumference: _____ Cm

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16 AUG 2013

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III. GENERAL INFORMATION

8. How old is your child? _____ months
9. After delivery, did you attend any hospital sessions on breastfeeding techniques, infant bathing techniques, postpartum physical activity work outs, etc.?
1. Yes, *please specify*: _____
2. No
10. Since delivery, who has given you breastfeeding recommendations, advice, and tips (circle all that apply)?
1. OGBYN physician
2. OBGYN Nurse
3. Dietitian
4. Pediatrics physician
5. Lactation consultant
6. Family members
7. Friends
8. Other, *please specify*: _____
9. No one
11. After delivery and during your stay in the hospital, what liquids, other than breastmilk, did your infant receive?
1. Formula milk
2. Other liquids
3. None
4. Don't know

IV. FEEDING PRACTICES OF CHILD

12. Since giving birth, have you breastfed your child?

1. Yes (go to question 14)
2. No

13. What is/are the primary reason(s) for not breastfeeding? (ask question then go to question 19)

Primary Reason(s)	Yes	No
1. Don't like breastfeeding		
2. Breastfeeding is embarrassing		
3. Breastfeeding is painful and discomforting		
4. Could not breastfeed when tired and fatigued		
5. Could not breastfeed when lacking sleep		
6. Lack of breastfeeding-friendly public places		
7. Lack of support from husband		
8. Lack of support from others (family members, friends, etc.)		
9. Promotion of infant formula feeding at the hospital/clinic		
10. Had problems with breastmilk production		
11. Insufficient supply of milk to adequately satisfy my baby		
12. Medical problems (e.g. mastitis, diabetes, etc.)		
13. Baby did not accept the breast		
14. I had to go back to work		
15. Other, please specify:		

14. How long did you wait after delivery before putting your child to the breast?

1. Immediately (< 1 hour)
2. 1 hour
3. < 24 hours (____ hours)
4. ____ days

15. Since birth, how long was your child:

1. Exclusively breastfed: _____ weeks or months
2. Mixed (breast & formula milk) fed: _____ weeks or months
3. Exclusively formula fed: _____ weeks or months

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

16. How did/does your child receive your breast milk?

1. Directly from breast
2. Expressed breast milk in a bottle
3. Both from breast and expressed in bottle

17. During the period of breastfeeding, what happened to your menstrual cycle?

1. Stopped completely
2. Stopped for a short while (_____ months) but is back now
3. Did not stop

18. What is/are the primary reason(s) for stopping breastfeeding?

Primary Reason(s)	Yes	No
1. I am still breastfeeding		
2. Didn't like breastfeeding		
3. Breastfeeding was embarrassing		
4. Breastfeeding was painful and discomforting		
5. Could not breastfeed when tired and fatigued		
6. Could not breastfeed when lacking sleep		
7. Lack of breastfeeding-friendly public places		
8. Lack of support from husband		
9. Lack of support from others (family members, friends, etc.)		
10. Had problems with breastmilk production		
11. Milk supply was insufficient to satisfy the baby (i.e baby was not getting full)		
12. Medical problems (e.g. mastitis, diabetes, etc.)		
13. Baby did not accept the breast		
14. Baby was old enough		
15. I had to go back to work		
16. Other, please specify:		

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

19. From the list of liquids I will call out, please indicate if your child has started consuming any and please tell me how many times per day or per week these liquids are consumed

LIQUIDS	YES	NO	DK	Frequency (per day or week)
1. Plain water				/day or week
2. Water with added sugar, rose water, honey, etc., <i>please specify:</i>				/day or week
3. Plain infant formula milk (Similac, Nestlé, Enfamil, etc.)				/day or week
4. Infant formula milk with added sugar, honey, etc., <i>please specify:</i>				/day or week
5. Cow milk (powdered or liquid), <i>please specify:</i>				/day or week
6. Yogurt				/day or week
7. Sweetened milk drinks (full fat)				/day or week
8. Sweetened milk drinks (reduced fat)				/day or week
9. Clear broth and soup				/day or week
10. Tea/herbal drinks (such as anis, chamomile, caraway), <i>please specify:</i>				/day or week
11. 100% fruit juice (includes homemade)				/day or week
12. 100% vegetable juice (includes homemade)				/day or week
13. Sweetened fruit drink or juice (with natural or artificial sweeteners)				/day or week
14. Regular soft drinks				/day or week
15. Diet soft drinks sweetened by no- or low-calorie sweeteners				/day or week
16. Other liquids, <i>please specify:</i>				/day or week

Institution: Adapted from: World Health Organization (WHO), 2010. Indicators for assessing infant and young child feeding practices. Part II Measurement.
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20. Have you introduced any foods (solid, semi-solid, or soft foods) to your child?
1. Yes
 2. No (go to question 28)

21. What was the first food introduced? _____

22. How old was your child when you gave him/her this first food?
_____ weeks/months

23. What was/were the main reason(s) for introducing foods to your child (circle all that apply)?

1. Tradition in family
2. Child was still hungry after milk feeds
3. Child was continuously crying
4. Child was old enough
5. Child could start holding his/her head up straight
6. Child was not sleeping through the night
7. Child was sick
8. Child refused milk feedings
9. Child seemed interested in food / weaned him/herself
10. Child feedings were incompatible with work schedule
11. Subsequent pregnancy
12. No specific reason
13. Other, please specify: _____

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24. From the list of foods I will call out, please indicate if your child has started consuming any and please indicate your child's age at first introduction

FOODS	YES	NO	DK	Age (months)
1. Bread, wheat, burghul, rice, noodles, or other foods made from grains				
2. Baby cereals (Cérelac, Blédine, etc.)				
3. Carrots, squash, sweet potatoes (yellow or orange inside) or pumpkin				
4. White potatoes, or any other foods made from roots				
5. Dark green-leafy vegetables (spinach, moukhibeh, etc.)				
6. Ripe mangoes, grapefruit, tomatoes, watermelon				
7. Other fruits and vegetables				
8. Organ meat (liver, kidney, heart, etc.)				
9. Meat (beef, pork, lamb, goat, chicken, or duck)				
10. Eggs (whole, egg yolk, egg whites)				
11. Fresh or canned fish, shellfish, or seafood				
12. Legumes (beans, chickpeas, lentils, etc.)				
13. Nuts or seeds				
14. Dairy ('labneh', cheese, yogurt, milk-based products)				
15. Family foods (stews, stuffed vegetables, etc.)				
16. Oils, fats, butter, or foods made with any of these				
17. Sugary foods (chocolate, candies, pastries, cakes, biscuits, etc.)				
18. Arabic sweets (baklava, maamool, mamora, etc.)				
19. Other Arabic sweets (mughleh, rice pudding, mhalbieh)				
20. Jams and jellies				
21. Honey				
22. Condiments for flavor, such as chilies, spices, herbs, ketchup, mustard, vinegar, soy sauce, etc.				
23. Iron-fortified commercial foods (baby cereals, milk, etc.)				

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RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

25. From the list of foods I will call out, please indicate the frequency of your child's consumption (per day, per week or per month)

FOOD ITEM	FREQUENCY			
	Times /day	Times/ week	Times/ month	Never
1. Potato chips				
2. Chocolate				
3. Soft lollipops and hard candy				
4. Biscuits/cookies (chocolate chips, oreo cookies, etc.)				
5. Ice-cream/ice-blocks				
6. French Fries				
7. Hot dogs				
8. Hamburgers				
9. Pizza				
10. Cake, muffins, cupcakes				
11. Pancakes				
12. Doughnuts				
13. Sweetened cereals				

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V. DIETARY INTAKE OF CHILD AND SUPPLEMENT USE

26. **24-Hour Dietary Recall.** Please recall what your child ate and drank the previous day from the time he/she woke up until the next morning.

Time	Food eaten	Amount	Method of preparation

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

27. Is this your child's usual eating pattern?

1. Yes
2. No, please specify: _____

28. Is your child currently taking any vitamin or mineral supplements?

1. Yes, please specify brand and dose/day: _____
2. No

VISIT 4- QUESTIONNAIRE

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VI. DIETARY INTAKE OF MOTHER AND SUPPLEMENT USE

29. **Food-Frequency Questionnaire.** Please think about your eating patterns during the past 4 months since giving birth. Please indicate your usual intake of each of the following food items per day, week, or month. Please be as precise as you can in your recall. The accuracy of the study results depends on the accuracy of your answers.

CODE	FOOD ITEM	REFERENCE PORTION	USUAL PORTION	FREQUENCY OF CONSUMPTION
1	CEREALS AND CEREAL-BASED PRODUCTS			
1.1	White bread	1 large Arabic loaf/ 1 medium Arabic loaf/ 1 baguette		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.2	Brown/whole wheat bread	1 large Arabic loaf/ 1 medium Arabic loaf/ 1 baguette		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.3	Ka'ak products	1 finger sized		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.4	Toast and crackers	1 regular toast		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.5	Regular breakfast cereals	Side A/ 1 small box (35 g)		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
1.6	Bran or whole grain breakfast cereals	Side A/ 1 small box (35 g)		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2	PASTA AND OTHER CEREALS			
2.1	Bulgur, cooked	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2.2	Pasta/noodles, cooked	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
2.3	Rice and rice-based products	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3	POTATOES AND POTATO-BASED PRODUCTS			
3.1	French Fries	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

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3.2	Potato	1 portion, medium	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3.3	Potato chips, regular	S / M / L bag	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
3.4	Potato chips, light	S / M / L bag	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
4	VEGETABLES		
4.1	Vegetables, canned (mixed)	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
4.2	Vegetables, raw	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
4.3	Salad, green	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5	FRUITS		
5.1	Fresh fruits	Side A/ 1 medium portion	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5.2	Canned fruits	Side A/ 1 medium portion	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5.3	Dried fruits	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
5.4	Fruit-based desserts (cocktails)	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
6	FRUIT JUICES		
6.1	Fruit Juices, Canned	Side A/ 1 regular (240 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
6.2	Fruit Juices, Fresh	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7	MEAT - Cured Meat		
7.1	Cured meat, except ham (luncheon meat, hotdog)	Side B/ Regular cured Meat slice/ Hotdog size	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.2	Ham	Regular cured ham slice	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.3	Meat (beef), cooked, low fat	Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.4	Meat (beef), cooked, medium - high fat	Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never
7.5	Meat (lamb), cooked, high fat	Side B	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never

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8	MEAT- Offals									
8.1	Organ meat (liver, heart, brain, etc.)		Side B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
9	MEAT- Poultry									
9.1	Poultry		Leg/thigh/breast/ Side B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
9.2	Poultry, breaded (nuggets, escalope)		Nuggets/ Side B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
10	MEAT- Eggs									
10.1	Eggs, whole		1 egg				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11	MEAT- Fish and Seafood									
11.1	Fish		Side B				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11.2	Fish, canned with oil (tuna, sardines)		1 large can/ 1 small can				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11.3	Fish, canned without oil (in water)		1 large can/ 1 small can				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
11.4	Shellfish		Shrimp: 1 medium Calamari: 1 medium Crab stick: 1 stick				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12	PULSES, NUTS AND SEEDS									
12.1	Beans, Chickpeas, Fava Beans, Lentils, Seeds		Side A				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12.2	Nuts		Side A				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12.3	Falafel		1 falafel piece				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
12.4	Olives		1 medium olive				<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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E3 MILK AND DAIRY PRODUCTS						
13.1	Cheese (low fat / light/white)	1 square/triangular portion/ Side A or B		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
13.2	Cheese (high fat/yellow)	1 square/triangular portion/ Side A or B		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
13.3	Cheese (processed, creamy)	1 square/triangular portion/Side A or B		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
13.4	Full fat milk, milk-based beverages	Side A/ 1 carton of flavored milk		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
13.5	Low fat milk, milk-based beverages	Side A/ 1 carton of flavored milk		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
14 YOGURT AND YOGURT-BASED PRODUCTS						
14.1	Labneh, regular	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
14.2	Labneh, low fat and skim (0-2%)	Side A		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
14.3	Yogurt, regular	Side A/ 1 regular ayran bottle		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
14.4	Yogurt, light	Side A/ 1 regular ayran bottle		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
15 PIZZAS AND PIES						
15.1	Pies, 'Manareeh'	1 large/ 1 bouchee		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
15.2	Pies, small (e.g.: faayyer spinach, sambousek)	1 small		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		
15.3	Pizza	Side A or B/ 1 small bouchee		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never		

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16 MIXED DISHES						
16.1	Artichoke, eggplant, cauliflower cooked	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.2	Chicory, fished with onions	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.3	Eggplant, zucchini, cabbage, grape leaves * stuffed with rice & meat	Side A/ 1 medium portion	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
16.4	Stew (Jews mallow, okra, peas, spinach) *without rice	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17 FATS AND OILS (ADDED ON BREADS)						
17.1	Butter/ghee	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.2	Mayonnaise, regular	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.3	Olive oil	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.4	Tahini	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
17.5	Vegetable oil	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18 FATS AND OILS (USED IN FRYING)						
18.1	Butter/ghee	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18.2	Olive oil	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18.3	Vegetable ghee	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
18.4	Vegetable oil	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19 SUGAR AND SUGAR DERIVATIVES						
19.1	Sugar	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19.2	Candy	1 small	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19.3	Chocolate	1 medium bar/ Side B	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
19.4	Chocolate spread	Side A	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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20	CAKES AND PASTRIES								
20.1	Cakes and pastries		Side B			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.2	Arabic sweets		Side B			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.3	Biscuits		Side B/ 1 medium			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.4	Croissant		Side B/ 1 large			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
20.5	Doughnuts		Side B/ 1 medium			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21	HONEY, JAM, MOLASSES AND HALAWAH								
21.1	Jam		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.2	Sugar derivatives (molasses, halawa, honey)		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.3	Ice cream, regular		1 scoop/ 1 stick			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.4	Ice cream, low fat		1 scoop/ 1 stick			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.5	Pudding, regular (custard, mahalabye)		Side A/ 1 medium container			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
21.6	Pudding, low fat		Side A/ 1 medium container			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
22	ALCOHOLIC BEVERAGES								
22.1	Beer		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
22.2	Spirit drinks (e.g. Whiskey, Rum, Vodka)		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never
22.3	Wine		Side A			<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> M	<input type="checkbox"/> Never

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23	NON-ALCOHOLIC BEVERAGES			
23.1	Coffee instant, Nescafe, Turkish,	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
23.2	Tea	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
23.3	De-caffeinated coffee or herbal tea	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
23.4	Energy & sports drinks	Side A/ 1 can (330 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
23.5	Soda, Regular	Side A/ 1 can (330 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
23.6	Diet Soda	Side A/ 1 can (330 mL)	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
23.7	Water	Side A/ 1 Liter	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
24	MISCELLANEOUS			
24.1	Ketchup	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
24.2	Mustard	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
24.3	Zaatar (thyme & sesame)	Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	
24.4	Pickles	1 medium cucumber/ Side A	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Never	

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30. Are there any other foods and/or beverages that were not mentioned above that you usually eat at least once per week?

1. Yes, please specify:

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

_____ (food/beverage), _____ (serving size), _____ (serving/ week)

2. No

31. Since giving birth, did you continue/start taking any vitamin / mineral / herbal supplements?

1. Yes, please specify brand and dose/day:

2. No _____

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: NUT.FN.12

32. 24-Hour Dietary Recall. Please recall what you ate and drank the previous day from the time you woke up until the next morning.

Time	Food eaten	Amount	Method of preparation

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RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

Time	Food eaten	Amount	Method of preparation

33. Was yesterday a usual eating day?

1. Yes

2. No, please specify: _____

Interview End Time: _____

VISIT 4 QUESTIONNAIRE (ARABIC)

استبيان لبحث علمي، رقم البروتوكول: NUT.FN.12



دراسة متابعة للأم والطفل:
بهدف تقليل نسبة خطر الإصابة بالأمراض
غير المعدية في لبنان

الزيارة 4
(4 أشهر بعد الولادة)

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إستبيان لبحث علمي- رقم البروتوكول: **NUT.FN.12**

إسم الباحث: _____	التاريخ (DD/MM/YYYY): ____/____/____
رقم الشخص المشاركة: _____	اليوم من الأسبوع: _____
نوع المركز الصحي (AUBMC / RHUH)	وقت البدء بالمقابلة: _____

الصفحة	المفرد
3	I. القياسات الأنثروبولوجية للأم
3	II. القياسات الأنثروبولوجية للطفل
4	III. معلومات عامة
5	IV. العادات الغذائية لدى الطفل
11	V. المأخوذ الغذائي للطفل واستهلاكه للمكملات الغذائية
13	VI. المأخوذ الغذائي للأم واستهلاكها للمكملات الغذائية

I. القياسات الأنثروبولوجية للأم

1. الوزن: ____ كلغ

2. محيط الخصر: ____ سنتم

3. نسبة الدهون: ____ %

II. القياسات الأنثروبولوجية للطفل

4. الوزن: ____ كلغ

5. الطول: ____ سنتم

6. محيط الرأس: ____ سنتم

7. محيط منتصف الجزء الأعلى من الذراع: ____ سنتم

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III. معلومات عامة

8. ما هو عمر طفلك؟ _____ شهر

9. من بعد الولادة، هل حضرت أي من الصفوف المُعطات في المستشفى حول طريقة الرضاعة، طريقة
تعميم الطفل المولود، ممارسة تمارين رياضية خاصة لفترة ما بعد الولادة، إلخ؟
1. نعم، يرجى التحديد: _____
2. لا

10. منذ ولادة طفلك، من أعطاك توصيات وتصحح حول الرضاعة؟

1. طبيبك النسائي
2. ممرضة الطبيب النسائي
3. أخصائية التغذية
4. طبيب الأطفال
5. استشاري الرضاعة
6. أفراد من العائلة
7. الأصدقاء
8. غير، حددني: _____
9. لا أحد

11. خلال فترة بقائك في المستشفى من بعد الولادة، ما هي المسائل، غير حليب الأم، التي أعطيت لطفلك؟

1. الحليب الخاص بالأطفال
2. سوائل أخرى
3. لا شيء
4. لا أدري

IV. العادات الغذائية لدى الطفل

12. منذ ولادة طفلك، هل أرضعته/ها؟

1. نعم (انتقل إلى السؤال 14)
2. لا

13. ما هو السبب أو الأسباب الرئيسة لعدم إرضاع طفلك؟ (إسأل هذا السؤال ثم انتقل إلى السؤال 19)

لا	نعم	السبب أو الأسباب الرئيسة
		1. لا أحب الرضاعة
		2. الرضاعة محرجة
		3. الرضاعة مؤلمة ومزعجة
		4. لا أستطيع إرضاع طفلي عند الشعور بالإرهاق أو التعب
		5. لا أستطيع إرضاع طفلي عندما أعاني من قلة النوم
		6. عدم توفر أماكن خاصة مؤاتية للرضاعة
		7. عدم توفر الدعم من الزوج
		8. عدم توفر الدعم من الآخرين (أعضاء الأسرة، الأصدقاء)
		9. التشجيع في المستشفى على استخدام حليب الخاص للأطفال
		10. عانيت من مشاكل في إنتاج الحليب
		11. حليب الثدي غير كافٍ لإشباع حاجات طفلي
		12. مشاكل طبية (إنتهاب الثدي، السكري، الخ.)
		13. لم يتقبل الطفل الثدي
		14. ضرورة إستئناف دوام العمل
		15. غير ذلك، حددني:

14. كم من الوقت إنتظرت قبل أن وضعت طفلك على الثدي بعد الولادة؟

1. مباشرة (خلال أقل من ساعة بعد الولادة)
2. ساعة
3. أقل من 24 ساعة (____ ساعة)
4. ____ أيام

15. منذ ولادة طفلك، كم من الوقت قام طفلك:

1. بالرضاعة الطبيعية المطلقة: _____ أسابيع أو أشهر
2. بتناول حليب الأم وحليب الخاص بالأطفال: _____ أسابيع أو أشهر
3. بتناول حليب الخاص بالأطفال فقط: _____ أسابيع أو أشهر

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16. كيف كان يحصل أو يحصل حالياً طفلك على حليب الثدي؟

1. من الثدي مباشرة
2. من القنينة
3. من الثدي والقنينة

17. خلال فترة الرضاعة، ماذا حصل لدورك الشهرية؟

1. توقفت نهائياً
2. توقفت لفترة محدودة (____ شهرًا) وقد عاودت حالياً
3. لم تتوقف

18. ما هو السبب أو الأسباب الرئيسية للتوقف عن الرضاعة؟

لا	نعم	السبب أو الأسباب الرئيسية
		1. ما زلت أرضع
		2. لم أحب الرضاعة
		3. الرضاعة كانت محرجة
		4. الرضاعة كانت مؤلمة ومزعجة
		5. لم أستطع إرضاع طفلي عند الشعور بالإرهاق أو التعب
		6. لم أستطع إرضاع طفلي عندما أصابي من قلة النوم
		7. عدم توفر أماكن عامة مؤاتية للرضاعة
		8. عدم توفر الدعم من الزوج
		9. عدم توفر الدعم من الآخرين (أعضاء الأسرة، الأصدقاء)
		10. عانيت من مشاكل في إنتاج الحليب
		11. حليب الثدي كان غير كافٍ لإشباع حاجات طفلي (لم يكن طفلي يشبع)
		12. مشاكل طبية (التهاب الثدي، السكري، الخ...)
		13. لم يتقبل الطفل الثدي
		14. أصبح طفلي في السن المناسب
		15. ضرورة استئناف دوام العمل
		16. غير ذلك، جدي

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19. من السوائل التي سلتكها، حدي تلك التي يتناولها طفلك، وأنكري كم مرة في اليوم أو في الأسبوع يتناولها

التكرار	لا أعرف	كلا	نعم	السوائل
في اليوم أو الأسبوع				1. الماء العادي
في اليوم أو الأسبوع				2. الماء مع سكر، أو ماء الورد، أو عصا، الخ، الرزء الحدي:
في اليوم أو الأسبوع				3. حليب الخافض بالأطفال مثل: Nestlé, Enfamil, Similac
في اليوم أو الأسبوع				4. حليب الخافض بالأطفال مع سكر، أو عصا، الخ الرزء الحدي:
في اليوم أو الأسبوع				5. حليب البقر (بودرة أو سائل) الرزء الحدي النوع:
في اليوم أو الأسبوع				6. اللبن
في اليوم أو الأسبوع				7. الحليب المحلى (كامل النسم)
في اليوم أو الأسبوع				8. الحليب المحلى (اللبن النسم)
في اليوم أو الأسبوع				9. المرققة والشوربات
في اليوم أو الأسبوع				10. الشاي أو الزهورات (مثل البنسون، البونون، الكراويا)
في اليوم أو الأسبوع				11. عصير التفاحة 100% طبيعي، (بالإضافة إلى العصير المحض في المنزل)
في اليوم أو الأسبوع				12. عصير الخنصر 100% طبيعي، (بالإضافة إلى عصير الخنصر في المنزل)
في اليوم أو الأسبوع				13. عصير أو مشروب الفاكه المنطى (بمطى طبيعي أو اصطناعي)
في اليوم أو الأسبوع				14. المشروبات الغازية العادية
في اليوم أو الأسبوع				15. المشروبات الغازية الدايت
في اليوم أو الأسبوع				16. أي سائل آخر، الرزء الحدي:

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20. هل كنت بادخال الأطعمة (الصلبة، الشبه صلبة، أو الطرية) إلى غذاء طفلك؟

1. نعم
2. كلا (انتقل الى السؤال 28)

21. ما كان أول طعام أتمته لطفلك؟ _____

22. كم كان عمر طفلك عندما أتمت له لها الطعام لأول مرة؟ _____ أسابيع / شهر

23. لماذا بدأت بتقديم الأطعمة لطفلك؟ (اختر كل ما ينطبق)

1. التقليد العائلي
2. كان طفلي لا يزال يشعر بالجوع بعد تناول الحليب
3. كان طفلي يبكي باستمرار
4. أصبح طفلي في السن المناسب لذلك
5. أصبح طفلي قادراً على رفع رأسه
6. لم يكن طفلي يتلم خلال الليل
7. كان طفلي مريضاً
8. كان طفلي يرفض الحليب
9. كان طفلي مهتماً بالأطعمة/ أظلم نفسه
10. لم يكن وقت إلمام طفلي يتلائم مع جدول العمل الخاص بي
11. حصلت ثاقبة
12. ما من سبب محدد
13. غير، يُرجى التحديد: _____

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24. من الأطعمة التي سوف أتذكرها، حدي تلك التي قد بدأت بإدخالها إلى النظام الغذائي الخاص بطفلك. ويرجى تحديد عمر طفلك عندما بدأت بإدخال هذه الأطعمة

العمر (بالأشهر)	لا أعرف	كلا	نعم	الأطعمة
				1. الفيز، القمح، البرغل، الأرز، المعكرونة، أو غيرها من الأطعمة المصنوعة من الحبوب
				2. حبوب الإفطار الخاصة بالأطفال (سيزبلاك، بلدين، إلخ)
				3. الجزر، الكوس، البطاطا الحلوة (الصفراء أو البرتقالية من الداخل)، اليقطين
				4. البطاطا، أو أي أطعمة أخرى مصنوعة من الجذور
				5. أي من الخضروات الورقية الخضراء الداكنة (السلطخ، الملوخية، إلخ)
				6. الماصو، الجريب فروت، البندورة، الطماطم
				7. أي من أنواع الفواكه والخضار الأخرى
				8. لحوم الأعضاء (الكبد، الكلى، القلب، إلخ)
				9. اللحوم (لحم البقر، الخنزير، الخروف، الماعز، الدجاج، أو البط)
				10. البيض (الكاملة، الصفار، البياض)
				11. السمك، محار البحر، أو المأكولات البحرية الطازجة أو المعلبة
				12. البقول (الحمص، الحمص، الفول، الفاصوليا، وغيرها)
				13. المكسرات والبذور
				14. الأجبان والألبان (اللبنة، الجبنة، اللبن، منتجات الطيب)
				15. أطعمة الأسرة (البيضات، الخضروات المعشوقة، إلخ)
				16. الزيوت، الدهون، أو الزبدة، أو الأطعمة المصنوعة منها
				17. الأطعمة السكرية (الشوكولا، البون بون، الحلويات، الكيك، البسكويت، إلخ)
				18. الحلويات العربية (بقلو، معمول، تمر، إلخ)
				19. حلويات عربية أخرى (مغلي، الأرز بقشيب، مهلبية)
				20. التزيينات
				21. العسل
				22. نوابل للتكسية مثل الفلفل الحار، البهارات، الأعشاب، الخردل، لتكشيب الخبز، أو صلصة الصويا
				23. المواد الغذائية التجارية المدعمة بالحديد (حبوب الإفطار، الطيب، إلخ)

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25. من الأطعمة التي سوف أذكرها، حددني عدد المرات (في اليوم، في الأسبوع، أو في الشهر) التي يستهلك فيها مطلق أحد الأصناف التالية

وتيرة الإستهلاك			في اليوم	المواد الغذائية
أبدأ	في الشهر	في الأسبوع		
				1. رقائق البطاطا (شيبس)
				2. شوكولا
				3. بونبون
				4. بسكويت/كوكيز
				5. بوظة/إيس كريم/ بوظة على شح
				6. بطاطا مقوية
				7. هوت دوغ
				8. هبرغر
				9. بيتزا
				10. كيك، المخبز، الكاكيك
				11. بانكوك
				12. دونتس
				13. حبوب الإفطار المحلاة

V. المأخوذ الغذائي للطفل واستهلاكه للمكملات الغذائية

26. المأخوذ الغذائي خلال الأربع وعشرين ساعة الأخيرة، نرجو منك أن تتذكرى ما تناولته من طعام أو شراب في الأيام منذ نهوضها في الصباح وحتى اليوم التالي.

الوقت	الطعام	الكمية	طريقة التحضير

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27. هل هذا النمط المعتاد لتناول الطعام عند طفلك؟

1. نعم

2. لا، هلديني

28. هل يتناول طفلك أي من المنتجات الغذائية من قوائمهاات أو معادن؟

1. نعم، يرجى تحديد الأسم والكمية في اليوم

2. لا

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VI. الماخوذ الغذائي للأُم واستهلاكها للمكملات الغذائية

29. استبيان ونجدة استهلاك الطعام، يرجى منك التفكير بالنسب الغذائية الخاص بك الذي تتبعه خلال الأشهر الأربعة من بعد الولادة، الرجاء تحديد الكمية المتكافئة غذا في اليوم أو الأسبوع أو الشهر لكل من المواد الغذائية التالية، الرجاء أن تكون أحوطك دقيقة قدر المستطاع، إن دقة نتائج هذه الدراسة تعتمد على دقة إجابتك.

نوع الاستهلاك	الكمية الاعتيادية	مثال عن حجم الكمية	الطعام	CODE
			لصوب والمثلجات المرتفعة على لصوب	1
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		زغيف خبز عربي كبير / زغيف خبز عربي وسكز (baguette) خبز فرنسي	خبز لبني	1.1
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		زغيف خبز عربي كبير / زغيف خبز عربي وسكز (baguette) خبز فرنسي	خبز أسود / كمية كفاية	1.2
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		كوك بجم الأصبع	مثلجات الكيك	1.3
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		توست وسط	توست وكر كوز	1.4
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		Slide A / غة (35) صغرة ()	حروب الطور العادية	1.5
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		Slide A / غة (35) صغرة	حروب الطور المسترخة من الخلة أو الحروب الكفاية	1.6
			المعقونة والحبوب الأخرى	2
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		Slide A	ارط، مطبوخ	2.1
لأبدا <input type="checkbox"/> شهر <input type="checkbox"/> أسبوع <input type="checkbox"/> يوم		Slide A	مكرونة، توت، مسلوقة	2.2

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<input type="checkbox"/> آيها <input type="checkbox"/> يوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	الأرز وقتصفت المرتفعة على الأرز	2.3
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	البطاطا ومتجاتها	3
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	بطاطا مطبوخة	3.1
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	حصة واحدة وسط	بطاطا	3.2
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	S / M / L	رقائق البطاطا عذبة	3.3
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	S / M / L	رقائق البطاطا، لايت	3.4
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	الفشار	4
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	حصى سنية (مكشكش)	4.1
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	حصى، داية	4.2
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	سالمية، خضراء	4.3
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	حصة وسط Side A	الفاكهة	5
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	الفاكهة الطازجة	5.1
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	حصة وسط Side A	الفاكهة المشوية	5.2
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	الفاكهة المقلية	5.3
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	الحبوب لمدة من الفاكهة	5.3
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	حصى الفاكهة	6
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A/ مل (240) طيبة حصى	حصى الفاكهة لاصية	6.1
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	حصى الفاكهة الطازجة	6.2
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side B/ لحم للحوم البرية الواسعة bootslog	اللحوم - اللحوم البرية والاصية	7
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	لحم للحوم البرية الواسعة bootslog	لحم برية باستثناء لحم الخنزير (bootslog - Ham)	7.1
<input type="checkbox"/> آيها <input type="checkbox"/> شهر <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	لحم للحوم البرية الواسعة	لحم خنزير - Ham	7.2

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<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	لحم (قرع) مطبوخ، قبل الدهون	7.3
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	لحم (قرع) مطبوخ، مشتل، عظمي الدهون	7.4
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	لحم (عظم) مطبوخ، عظمي بالدهون	7.5
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	اللحوم - لحوم الأعضاء	8
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	لحم الأعضاء	8.1
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	معلق/مستور Side B	اللحوم - الدواجن	9
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	دجاج، دات لحم	9.1
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	حجم Nuggets Side B	دواجن، مطلة بالدهون أو الكعك (nuggets - escalope)	9.2
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	بهدنة واحدة	اللحوم - البيض	10
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا		بيضة كاملة	10.1
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	اللحوم - الأسماك وشمار البحر	11
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Side B	الأسماك	11.1
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	شاة كبيرة / شاة صغيرة	الأسماك المقلية بالزيت (تونة - سرطان)	11.2
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	شاة كبيرة / شاة صغيرة	الأسماك المقلية من غير زيت (مضب) بالدهان	11.3
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	أريسن: 1 وسط كافاريز: 1 وسط كراب: 1 لسبع	شمار البحر	11.4
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا	Slide A	بقر، مكررات، ويطور	12
<input type="checkbox"/> نعم <input type="checkbox"/> لسبوع <input type="checkbox"/> شهر <input type="checkbox"/> أبدا		قاصوراء، مخص، فول، عظم، شور	12.1

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<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A	مكتورات	12.2
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	1 وسط لائق	لائق	12.3
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	1 وسط زبون	زبون	12.4
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	حصص واحدة = ملق ابرع Side A or B	لقطب وملقوجه	13
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	حصص واحدة = ملق ابرع Side A or B	جن (قلل النسم) لايت (نضام)	13.1
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	حصص واحدة = ملق ابرع Side A or B	جن (عني بالنسم) صغراء	13.2
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	حصص واحدة = ملق ابرع Side A or B	جن (مصنع كروم)	13.3
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A/ كرونة حطب وسط	لقطب ومشروبات اللطب الكاملة النسم	13.4
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A/ كرونة حطب وسط	اللقطب ومشروبات اللطب الكاملة (اللقبية النسم)	13.5
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A	لقبن وملقوجه	14
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A	لقبن عادي	14.1
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A/ عواء عيران	لقبنه الايتا خلية النسم	14.2
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A/ عواء عيران	لقبن عادي . كمل النسم	14.3
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A/ عواء عيران	لقبن خفيف أو خالي من النسم	14.4
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	ملقونة كعرا / bouchee صغراء	لقبين واللقطر	15
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	حصص صغراء	ملقون	15.1
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم	Side A or Side B / bouchee صغراء	ملقونات، حمم صغراء	15.2
<input type="checkbox"/> آيا	<input type="checkbox"/> شهر	<input type="checkbox"/> لسووع	<input type="checkbox"/> يوم		لقبرا	15.3

استبيان لبحث علمي، رقم البروتوكول: NUT.FN.12

الاجابات		16	
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
17			
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
18			
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
19			
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
<input type="checkbox"/> آيما	<input type="checkbox"/> شهر	<input type="checkbox"/> اسبوع	<input type="checkbox"/> يوم
19.3			

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التعليقات والملاحظات		20
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side B	20.1
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side B	20.2
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side B/ وسط A	20.3
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side B/ كبيرة I	20.4
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side B/ وسط A	20.5
عصا، مرنين، نيس، وحلاوة		
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	21.1
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	21.2
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	I scoop/ I stick	21.3
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	I scoop/ I stick	21.4
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	21.5
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	21.6
المشروبات الكحولية		
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	22.1
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	22.2
<input type="checkbox"/> آيها <input type="checkbox"/> اليوم <input type="checkbox"/> اسبوع <input type="checkbox"/> شهر	Side A	22.3

اسمايات ايست علمي، رقم البروتوكول: NUT.FN.12

المشروبات الغير كحولية		23	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.1	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.2	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.3	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.4	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.5	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.6	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.7	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.1	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.2	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.3	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			
المشروبات الغير كحولية		24.4	
<input type="checkbox"/> ليام	<input type="checkbox"/> اشورج	<input type="checkbox"/> اشورج	<input type="checkbox"/> ليام
يوم	يوم	يوم	يوم
شورج			

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30. هل هناك أي أطعمة أو مشروبات تتناولونها عادة ولم تأتي على ذكرها؟
1. نعم، حدثني:

(الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
(الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
(الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
(الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----
(الطعام/الشراب) ----- (حجم الوجبة) ----- (عدد الوجبات أسبوعياً) -----

2. لا

31. منذ ولادة طفلك، هل بدأت أو تابعت تناول المكملات الغذائية من الفيتامينات أو معادن أو أعشاب طبية؟

1. نعم، حدثني النوع والكمية في اليوم:
2. لا

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32. المأكول الغذائي خلال الأربع وعشرين ساعة الأخيرة. لرجو منك أن تذكر ما تناولته من طعام أو شراب في الأسس منذ نهوضك في الصباح وحتى اليوم التالي.

طريقة التحضير	الكمية	الطعام الذي تناولته	الوقت

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33. هل كان الأسس يوماً عادياً؟

1. نعم

2. لا، حدثني:

توقيت نهاية الإستمارة: _____

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VISIT-4- QUESTIONNAIRE

VERSION DATE: JULY 26, 2013

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VISIT 5 QUESTIONNAIRE (ENGLISH)

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**



Faculty of Agricultural and Food Sciences
Department of Nutrition and Food Sciences

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**Mother and Child Cohort:
Towards Curbing the Epidemic of
Noncommunicable Diseases in Lebanon**

**VISIT 5
(6 Months Postpartum)**

Institutional Review Board
American University of Beirut
16 JUL 2013
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VISIT 5- QUESTIONNAIRE

VERSION DATE: JULY 26, 2013

PAGE 1 OF 16

Interviewer's Name: _____	Date (DD/MM/YYYY): ____/____/____
Subject ID Number: _____	Day of the Week: _____
Health-Care Center (AUBMC / RHUH)	Interview Start Time: _____

TABLE OF CONTENTS	PAGE
I. Anthropometric Measurements of Mother	3
II. Anthropometric Measurements of Child	3
III. General Information	4
IV. Feeding Practices of Child	4
V. Dietary Intake of Child and Supplement Use	10
VI. Dietary Intake of Mother and Supplement Use	12
VII. Lifestyle Practices	14
VIII. Household Food Security	15

I. ANTHROPOMETRIC MEASUREMENTS OF MOTHER

1. Weight: _____ Kg
2. Waist Circumference: _____ Cm
3. Percent Body Fat: _____ %

II. ANTHROPOMETRIC MEASUREMENTS OF CHILD

4. Weight: _____ Kg
5. Length: _____ Cm
6. Head Circumference: _____ Cm
7. Mid-Upper Arm Circumference: _____ Cm

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III. GENERAL INFORMATION

8. How old is your child? _____ months

IV. FEEDING PRACTICES OF CHILD

★ IMPORTANT NOTE TO REMEMBER:

At 4 months postpartum, this mother was:

- Exclusively breastfeeding her child
 Exclusively formula-feeding her child (go to question 14)
 Mixed feeding her child

9. Are you still breastfeeding your child?

1. Yes
2. No, please specify the age at which you stopped: _____ weeks or months (go to question 13)

10. Since birth, how long was your child:

1. Exclusively breastfed: _____ weeks or months
2. Mixed (breast & formula milk) fed: _____ weeks or months
3. Exclusively formula fed: _____ weeks or months

11. How did/does your child receive your breast milk?

1. Directly from breast
2. Expressed breast milk in a bottle
3. Both from breast and expressed in bottle

RESEARCH QUESTIONNAIRE; PROTOCOL NUMBER: **NUT.FN.12**

12. During the period of breastfeeding, what happened to your menstrual cycle?
1. Stopped completely
 2. Stopped for a short while (_____ months) but is back now
 3. Did not stop

13. What is/are the primary reason(s) for stopping breastfeeding? (skip if mother is still breastfeeding and go to question 14)

Primary Reason(s)	Yes	No
1. Didn't like breastfeeding		
2. Breastfeeding was embarrassing		
3. Breastfeeding was painful and discomforting		
4. Could not breastfeed when tired and fatigued		
5. Could not breastfeed when lacking sleep		
6. Lack of breastfeeding-friendly public places		
7. Lack of support from husband		
8. Lack of support from others (family members, friends, etc.)		
9. Had problems with breastmilk production		
10. Milk supply was insufficient to satisfy the baby (i.e baby was not getting full)		
11. Medical problems (e.g. mastitis, diabetes, etc.)		
12. Baby did not accept the breast		
13. Baby was old enough		
14. I had to go back to work		
15. Other, please specify:		

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14. From the list of liquids I will call out, please indicate if your child has started consuming any and please tell me how many times per day or per week these liquids are consumed

LIQUIDS		YES	NO	DK	Frequency (per day or week)
1.	Plain water				/day or week
2.	Water with added sugar, rose water, honey, etc., please specify:				/day or week
3.	Plain infant formula milk (Similac, Nestlé, Enfamil, etc.)				/day or week
4.	Infant formula milk with added sugar, honey, etc., please specify:				/day or week
5.	Cow milk (powdered or liquid), please specify:				/day or week
6.	Yogurt				/day or week
7.	Sweetened milk drinks (full fat)				/day or week
8.	Sweetened milk drinks (reduced fat)				/day or week
9.	Clear broth and soup				/day or week
10.	Tea/herbal drinks (such as anis, chamomile, caraway), please specify:				/day or week
11.	100% fruit juice (includes homemade)				/day or week
12.	100% vegetable juice (includes homemade)				/day or week
13.	Sweetened fruit drink or juice (with natural or artificial sweeteners)				/day or week
14.	Regular soft drinks				/day or week
15.	Diet soft drinks sweetened by no- or low-calorie sweeteners				/day or week
16.	Other liquids, please specify:				/day or week

Adapted from: World Health Organization (WHO), 2010. Indicators for assessing infant and young child feeding practices. Part II Measurement.

★ IMPORTANT NOTE TO REMEMBER:

At 4 months postpartum, this mother:

Had started introducing foods (go to question 19)

Had not started introducing foods yet

15. Have you introduced any foods (solid, semi-solid, or soft foods) to your child?

1. Yes
2. No (go to question 23)

16. What was the first food introduced? _____

17. How old was your child when you gave him/her this first food?

_____ weeks/months

18. What was/were the main reason(s) for introducing foods to your child (circle all that apply)?

1. Tradition in family
2. Child was still hungry after milk feeds
3. Child was continuously crying
4. Child was old enough
5. Child could start holding his/her head up straight
6. Child was not sleeping through the night
7. Child was sick
8. Child refused milk feedings
9. Child seemed interested in food / weaned him/herself
10. Child feedings were incompatible with work schedule
11. Subsequent pregnancy
12. No specific reason
13. Other, please specify: _____

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19. From the list of foods I will call out, please indicate if your child has started consuming any and please indicate your child's age at first introduction

FOODS				AGE (months)
	YES	NO	DK	
1. Bread, wheat, burghul, rice, noodles, or other foods made from grains				
2. Baby cereals (Cérelac, Blédine, etc.)				
3. Carrots, squash, sweet potatoes (yellow or orange inside) or pumpkin				
4. White potatoes, or any other foods made from roots				
5. Dark green-leafy vegetables (spinach, moalkhich, etc.)				
6. Ripe mangoes, grapefruit, tomatoes, watermelon				
7. Other fruits and vegetables				
8. Organ meat (liver, kidney, heart, etc.)				
9. Meat (beef, pork, lamb, goat, chicken, or duck)				
10. Eggs (whole, egg yolk, egg whites)				
11. Fresh or canned fish, shellfish, or seafood				
12. Legumes (beans, chickpeas, lentils, etc.)				
13. Nuts or seeds				
14. Dairy ('labneh', cheese, yogurt, milk-based products)				
15. Family foods (stews, stuffed vegetables, etc.)				
16. Oils, fats, butter, or foods made with any of these				
17. Sugary foods (chocolate, candies, pastries, cakes, biscuits, etc.)				
18. Arabic sweets (baklava, msamool, numona, etc.)				
19. Other Arabic sweets (mughleh, rice pudding, mhalbheh)				
20. Jams and jellies				
21. Honey				
22. Condiments for flavor, such as chilies, spices, herbs, ketchup, mustard, vinegar, soy sauce, etc.				
23. Iron-fortified commercial foods (baby cereals, milk, etc.)				

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 AT FIVE

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20. From the list of foods I will call out, please indicate the frequency of your child's consumption (per day, per week or per month)

FOOD ITEM	FREQUENCY			
	Times /day	Times/ week	Times/ month	Never
1. Potato chips				
2. Chocolate				
3. Soft lollipops and hard candy				
4. Biscuits/cookies (chocolate chips, oreo cookies, etc.)				
5. Ice-cream/ice-blocks				
6. French Fries				
7. Hot dogs				
8. Hamburgers				
9. Pizza				
10. Cake, muffins, cupcakes				
11. Pancakes				
12. Doughnuts				
13. Sweetened cereals				

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V. DIETARY INTAKE OF CHILD AND SUPPLEMENT USE

21. **24-Hour Dietary Recall.** Please recall what your child ate and drank the previous day from the time he/she woke up until the next morning

Time	Food eaten	Amount	Method of preparation

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22. Is this your child's usual eating pattern?

1. Yes
2. No, please specify: _____

23. Is your child currently taking any vitamin or mineral supplements?

1. Yes, please specify brand and dose/day: _____
2. No

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VI. DIETARY INTAKE OF MOTHER AND SUPPLEMENT USE

24. 24-Hour Dietary Recall. Please recall what you ate and drank the previous day from the time you woke up until the next morning.

Time	Food eaten	Amount	Method of preparation

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Time	Food eaten	Amount	Method of preparation

25. Was yesterday a usual day?

1. Yes
2. No, please specify: _____

26. Are you currently taking any vitamin / mineral / herbal supplements?

1. Yes, please specify brand and dose/day: _____
2. No

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VII. LIFESTYLE PRACTICES

Smoking

27. How many of the following do you currently smoke?

1. I do not smoke
2. Cigarettes: _____ per day; _____ per week; _____ per month
3. Cigars: _____ per day; _____ per week; _____ per month
4. Narghili: _____ per day; _____ per week; _____ per month

Alcohol Intake

28. How many drinks of the following do you currently drink?

1. I do not drink
2. Beer: _____ (bottles/day); _____ (bottles/week); _____ (bottles/month)
3. Wine: _____ (glasses/day); _____ (glasses/week); _____ (glasses/month)
4. Champagne: _____ (glasses/day); _____ (glasses/week); _____ (glasses/month)
5. Liquor, *please specify*: _____ (type)
_____ (bottles or glasses/day)
_____ (bottles or glasses/week)
_____ (bottles or glasses/month)
6. Other, *please specify*: _____ (type)
_____ (bottles or glasses/day)
_____ (bottles or glasses/week)
_____ (bottles or glasses/month)

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VIII. HOUSEHOLD FOOD SECURITY

29. Household Food Insecurity Access Scale (HFIAS) Measurement Tool

NUMBER	QUESTION	RESPONSE OPTIONS
HFIAS_1	In the past 4 weeks, did you worry that your household would not have enough food?	1. No 2. Yes
HFIAS_2	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_3	In the past 4 weeks, were you or any household member not able to eat the kinds of food you preferred because of a lack of resources?	1. No 2. Yes
HFIAS_4	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_5	In the past 4 weeks, did you or any household member have to eat a limited variety of food due to a lack of resources?	1. No 2. Yes
HFIAS_6	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_7	In the past 4 weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	1. No 2. Yes
HFIAS_8	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)

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HFIAS_9	In the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	1. No 2. Yes
HFIAS_10	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_11	In the past 4 weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?	1. No 2. Yes
HFIAS_12	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_13	In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	1. No 2. Yes
HFIAS_14	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_15	In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	1. No 2. Yes
HFIAS_16	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)
HFIAS_17	In the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	1. No 2. Yes
HFIAS_18	How often did this happen?	1. Rarely (1 or 2 times in the past 4 weeks) 2. Sometimes (3 to 10 times in the past 4 weeks) 3. Often (more than 10 times in the past 4 weeks)

Adapted from: Corcos, Jennifer, Anna Swinicki, and Faith Biliroky 2007 *Household Food Insecurity Access Scale (HFIAS)* for Measurement of Food Access. Indicator Guide, ver. 3. Food and Nutrition Technical Assistance Program (FANTA), Washington, DC: USAID.

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VISIT 5 QUESTIONNAIRE (ARABIC)

استبيان لبحث علمي، رقم البروتوكول: NUT.FN.12



كلية الزراعة والعلوم الغذائية
دائرة التغذية وعلوم الغذاء

دراسة مُتابعة للأم والطفل:
بهدف تقليل نسبة خطر الإصابة بالأمراض
غير المعدية في لبنان

الزيارة 5
(6 أشهر بعد الولادة)

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إشهاد بحث علمي، رقم البروتوكول: **NUT.FN.12**

اسم الباحث: _____	التاريخ (DD/MM/YYYY): ____ / ____ / ____
رقم الشخص المشارك: _____	اليوم من الأسبوع: _____
نوع المركز الصحي (AUBMC / RHHU) _____	وقت البدء بالمقابلة: _____

الصفحة	المفهرس
3	I. القياسات الأنثروبولوجية للأم
3	II. القياسات الأنثروبولوجية للطفل
4	III. معلومات عامة
4	IV. العادات الغذائية لدى الطفل
10	V. المأخوذ الغذائي للطفل واستهلاكه للمكملات الغذائية
12	VI. المأخوذ الغذائي للأم واستهلاكها للمكملات الغذائية
14	VII. العادات المتبعة كمنلوب حياة
15	VIII. الأمن الغذائي للأسرة

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I. القياسات الأنثروبولوجية للأم

1. الوزن: ____ كغ

2. محيط الخصر: ____ سنتم

3. نسبة الدهون: ____ %

II. القياسات الأنثروبولوجية للطفل

4. الوزن: ____ كغ

5. الطول: ____ سنتم

6. محيط الرأس: ____ سنتم

7. محيط منتصف الجزء الأعلى من الذراع: ____ سنتم

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III. معلومات عامة

8. ما هو عمر طفلك؟ _____ أشهر

IV. العادات الغذائية لدى الطفل

★ ملاحظة مهمة للتذكر:

على 4 أشهر من بعد الولادة، هذه الأم كانت:
ترضع طفلها رضاعة مطلقاً
تعطي طفلها فقط حليب الخاص للأطفال (انتقل إلى السؤال 14)
تعطي طفلها حليب الثدي وحليب الخاص للأطفال

9. هل ما زلت ترضعين طفلك؟

1. نعم
2. كلا، يرجى تحديد العمر الذي توقفت عن إرضاع طفلك فيه: _____ أسابيع أو أشهر (انتقل إلى السؤال 13)

10. منذ ولادة طفلك، كم من الوقت قام طفلك:

1. بالرضاعة الطبيعية المطلقة: _____ أسابيع أو أشهر
2. بتناول حليب الأم وحليب الخاص للأطفال: _____ أسابيع أو أشهر
3. بتناول حليب الخاص بالأطفال فقط: _____ أسابيع أو أشهر

11. كيف كان يحصل أو يحصل حالياً طفلك على حليب الثدي؟

1. من الثدي مباشرة
2. من القنينة
3. من الثدي والقنينة

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12. خلال فترة الرضاعة، ماذا حصل لدورتك الشهرية؟

1. توقفت نهائياً
2. توقفت لفترة محدودة (____ شهرًا) وقد عادت حاليًا
3. لم تتوقف

13. ما هو السبب أو الأسباب الرئيسة للتوقف عن الرضاعة؟ (انتقل إلى السؤال 14 إذا ما زالت الأم ترضع)

لا	نعم	السبب أو الأسباب الرئيسة
		1. لم أحب الرضاعة
		2. الرضاعة كانت محرجة
		3. الرضاعة كانت مؤلمة ومزعجة
		4. لم أستطع إرضاع طفلي عند الشعور بالإرهاق أو التعب
		5. لم أستطع إرضاع طفلي عندما أعاني من قلة النوم
		6. عدم توفر أماكن عامة ملائمة للرضاعة
		7. عدم توفر الدعم من الزوج
		8. عدم توفر الدعم من الآخرين (أعضاء الأسرة، الأصدقاء)
		9. عانيت من مشاكل في إنتاج الحليب
		10. حليب الثدي كان غير كافٍ لإشباع حاجات طفلي (لم يكن طفلي يشبع)
		11. مشاكل طبية (التهاب الثدي، السكري، الخ.)
		12. لم يتقبل الطفل الثدي
		13. أصبح طفلي في السن المناسب
		14. ضرورة استئناف دوام العمل
		15. غير ذلك، حددى:

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14. من المتواتر التي سألوكم ها، قلدي تلك التي يتناولها طفلك، ولكني كم مرة في اليوم أو في الأسبوع يتناولها

التواتر	لا اعرف	كلا	نعم	المتواتر
في اليوم أو الأسبوع				1. الماء العادي
في اليوم أو الأسبوع				2. الماء مع سكر، أو ماء لوز، أو صل، إلخ، الرزءة التحديد:
في اليوم أو الأسبوع				3. حليب الخاص بالأطفال مثل: Nestlé, Enfamil, Similac
في اليوم أو الأسبوع				4. حليب الخاص بالأطفال مع سكر، أو صل، إلخ، الرزءة التحديد:
في اليوم أو الأسبوع				5. حليب البقر (بودرة أو سائل) الرزءة تحديد النوع:
في اليوم أو الأسبوع				6. اللبن
في اليوم أو الأسبوع				7. الحليب المحلى (كامل النسم)
في اليوم أو الأسبوع				8. الحليب المحلى (قليل النسم)
في اليوم أو الأسبوع				9. المرققة والتوربات
في اليوم أو الأسبوع				10. الشاي أو التهورات (مثل البوسون، البونج، الكروبا)
في اليوم أو الأسبوع				11. عصير الفاكهة 100% طبيعي (بالإضافة إلى العصير المحض في المنزل)
في اليوم أو الأسبوع				12. عصير الخضار 100% طبيعي (بالإضافة إلى العصير المحض في المنزل)
في اليوم أو الأسبوع				13. عصير أو مشروب الفواكه المحلى (محلى طبيعي أو اصطناعي)
في اليوم أو الأسبوع				14. المشروبات الغازية العادية
في اليوم أو الأسبوع				15. المشروبات الغازية الدايت
في اليوم أو الأسبوع				16. أي سائل آخر في الرزءة التحديد:

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ملاحظة مهمة للتذكر:
على 4 أشهر من بعد الولادة، هذه الأم كانت:
قد بدأت بإدخال الأطعمة لطفلها (انتقل إلى السؤال 19)
قد لم تبدأ بإدخال الأطعمة لطفلها

15. هل قمت بإدخال الأطعمة (الصلبة، الشبه صلبة، أو الطرية) إلى غذاء طفلك؟
1. نعم
2. كلا (انتقل إلى السؤال 23)

16. ما كان أول طعام قدمته لطفلك؟ _____

17. كم كان عمر طفلك عندما قدمت له/لها الطعام لأول مرة؟ _____ أسابيع / شهر

18. لماذا بدأت بتقديم الأطعمة لطفلك؟ (اختر كل ما ينطبق)

1. التقليد العائلي
2. كان طفلي لا يزال يشعر بالجوع بعد تناول الحليب
3. كان طفلي يبكي باستمرار
4. كان طفلي في السن المناسب لذلك
5. أصبح طفلي قادراً على رفع رأسه
6. لم يكن طفلي ينام خلال الليل
7. كان طفلي مريضاً
8. كان طفلي يرفض الحليب
9. كان طفلي مهتماً بالأطعمة فلم نفسه
10. لم يكن وقت إطعام طفلي يتلائم مع جدول العمل الخاص بي
11. حصلت ثاقبة
12. ما من سبب محدد
13. غير، يُرجى التحديد: _____

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19. من الأطعمة التي سوف أذكرها، حددي تلك التي قد بدأت بإدخالها إلى النظام الغذائي الخاص بطفلك .
ويُرجى تحديد عمر طفلك عندما بدأت بإدخال هذه الأطعمة

العمر (بالشهر)	لا أعرف	نعم	الأطعمة
			1. الخبز، القمح، البرغل، الأرز، المعكرونة، أو غيرها من الأطعمة المصنوعة من الحبوب
			2. حبوب الإفطار الخاصة بالأطفال (سيرلاك، بايبي، إلخ.)
			3. الجزر، الكوس، البطاطا الحلوة (المستواء أو البرتقالية من الداخل)، البصلين
			4. البطاطا، أو أي أطعمة أخرى مصنوعة من الجذور
			5. أي من الخضروات الورقية الخضراء الداكنة (السلطعون، الملوخية، إلخ.)
			6. المانجو، الجريب فروت، اليوسفة، البطيخ
			7. أي من أنواع الفواكه والخضار الأخرى
			8. لحوم الأعضاء (الكبد، الكلى، القلب، إلخ.)
			9. اللحوم (لحم البقر، الخنزير، المروءة، الماعز، النجاش، أو البط)
			10. البيض (الكاملة، الصفار، البيضاء)
			11. السمك، محار البحر، أو المأكولات البحرية الطازجة أو المجمدة
			12. الفول (العدس، الحمص، الفول، الفاصوليا، وغيرها)
			13. المكسرات والبذور
			14. الأجبان والألبان (اللبن، الجبن، اللبن، منتجات الحليب)
			15. أطعمة الأسرة (الخبز، الخضروات المشوية، إلخ.)
			16. الزيوت، الدهون، أو الزبدة، أو الأطعمة المصنوعة منها
			17. الأطعمة السكرية (الشوكولا، البون بون، الحلويات، الكعك، البسكويت، إلخ.)
			18. الحلويات العربية (بقلاوة، معول، نعورة، إلخ.)
			19. حلويات عربية أخرى (مقلي، الأرز بالحليب، مهلبية)
			20. التوابل
			21. العسل
			22. توابل للتكهة مثل الفلفل الحار، البهارات، الأعشاب، القرنف، الكشاب، الخبز، أو صلصة الصويا
			23. المواد الغذائية التجارية المدعمة بالحديد (حبوب الإفطار، الحليب، إلخ.)

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20. من الأطعمة التي سوف أذكرها، حددي عدد المرات (في اليوم، في الأسبوع، أو في الشهر) التي يستهلك فيها طفلك أحد الأصناف التالية

وتيرة الإستهلاك				المواد الغذائية
أبداً	في الشهر	في الأسبوع	في اليوم	
				1. رقائق البطاطا (شيبس)
				2. شوكولا
				3. بون بون
				4. بسكويت/كوكيز
				5. بوظة/إيس كريم/ بوظة على ثلج
				6. بطاطا مقوية
				7. هوت دوغ
				8. هبرغر
				9. بيتزا
				10. كيك، المافين، الكيك
				11. بانكوك
				12. دوتس
				13. حبوب الإفطار المخلاة

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22. هل غذا النمط السعداد لتناول الطعام عند ظفلك؟

1. نعم

2. كلا، لا، حدني:

23. هل يتناول ظفلك أي من المكملات الغذائية من فيتامينات أو معدن؟

1. نعم، يرجى تحديد الاسم والكمية في اليوم:

2. كلا

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.VI. المأخوذ الغذائي للأم واستهلاكها للمكملات الغذائية

24. المأخوذ الغذائي خلال الأربع وعشرين ساعة الأخيرة، نرجو منك أن تذكر ما تناولته من طعام أو شراب في الأسس منذ نهوختك في الصباح وحتى اليوم التالي.

طريقة التحضير	الكمية	الطعام الذي تناولته	الوقت

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25. هل كان الأمن يوماً عادياً؟

1. نعم

2. كلا، جدياً: _____

26. جائياً، هل تتناولين المكملات الغذائية من فيتامينات أو معادن أو أعشاب طبية؟

1. نعم، جدياً النوع والكمية في اليوم: _____

2. لا

VII. العادات المُتبعَة كأسلوب حياة

التدخين

27. حاليًا، كم من الأصناف التالية لتدخين؟

1. لا ادخن
2. سجائر: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
3. سيجار: _____ في اليوم، _____ في الأسبوع، _____ في الشهر
4. للرجلة: _____ في اليوم، _____ في الأسبوع، _____ في الشهر

تناول الكحول

28. حاليًا، كم مشروب من الأصناف التالية تتناولين؟

1. لا اشرب الكحول
2. البيرة: _____ (قنينة / اليوم)، _____ (قنينة / الأسبوع)، _____ (قنينة / الشهر)
3. النبيذ: _____ (كأس / اليوم)، _____ (كأس / الأسبوع)، _____ (كأس / الشهر)
4. شامبانيا: _____ (كأس / اليوم)، _____ (كأس / الأسبوع)، _____ (كأس / الشهر)
5. الفمور المركزة، حذني: _____ (النوع) _____ (قنينة أو كأس / اليوم)
6. غير، حذني: _____ (النوع) _____ (قنينة أو كأس / اليوم)
- _____ (قنينة أو كأس / الأسبوع)
- _____ (قنينة أو كأس / الشهر)

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VIII. الأمن الغذائي للأسرة

29. اداة قياس إنعدام الأمن الغذائي في المنزل

الخيارات الأوجوبية	السرال	الرقم
1- لا 2- نعم	في الأسابيع الأربعة السابقة، هل قلقت بأن مزارك لا يحقو على الطعام الكافي؟	HFIAS_1
1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)	كم مرة حدث ذلك؟	HFIAS_2
1- لا 2- نعم	في الأسابيع الأربعة السابقة، هل كنت أو أحد أفراد الأسرة لم يتمكن من تناول أنواع الأطعمة المغضلة لديه لعدم وجود الموارد الكافية؟	HFIAS_3
1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)	كم مرة حدث ذلك؟	HFIAS_4
1- لا 2- نعم	في الأسابيع الأربعة السابقة، هل كنت أو أحد أفراد الأسرة يجب عليه تناول أنواع محدودة من الطعام لعدم وجود الموارد؟	HFIAS_5
1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)	كم مرة حدث ذلك؟	HFIAS_6
1- لا 2- نعم	في الأسابيع الأربعة السابقة، هل كنت أو أحد أفراد الأسرة يجب عليه تناول نوع من الطعام لم يكن يريد تناوله لعدم وجود الموارد للحصول على أنواع أخرى من الطعام؟	HFIAS_7
1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)	كم مرة حدث ذلك؟	HFIAS_8

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HFIAS_9	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة يجب عليه تناول وجبة لاسفر من الحادئة لعدم وجود كمية كافية من الطعام؟	1-1 لا 2- نعم
HFIAS_10	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_11	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة يجب عليه تناول وجبات أقل في اليوم لعدم وجود كمية كافية من الطعام؟	1-1 لا 2- نعم
HFIAS_12	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_13	في الأسابيع الأربعة السابقة، هل في أي وقت، لم يتواجد أي نوع من الطعام في المنزل لعدم وجود المورد للحصول على الطعام؟	1-1 لا 2- نعم
HFIAS_14	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_15	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة ذهب إلى اليوم في الليل جتفا لعدم توفر الطعام الكافي؟	1-1 لا 2- نعم
HFIAS_16	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)
HFIAS_17	في الأسابيع الأربعة السابقة، هل أنت أو أحد أفراد الأسرة بقي 24 ساعة دون تناول أي شيء لعدم توفر الطعام الكافي؟	1-1 لا 2- نعم
HFIAS_18	كم مرة حدث ذلك؟	1- نادراً (مرة أو مرتين في الأسابيع الأربعة السابقة) 2- أحياناً (3 إلى 10 مرات في الأسابيع الأربعة السابقة) 3- غالباً (أكثر من 10 مرات في الأسابيع الأربعة السابقة)

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