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Knowledge and practice of nursing mother`s regarding complementary feeding

Rexona Parvin ^{1,*}, Pinki Mondal ², China Rani Mittra ³ and Sathi Dastider ⁴

¹ District Hospital, Narail, Bangladesh.

² Bangabandhu Sheikh Mujib Medical College Hospital, Faridpur, Bangladesh.

³ Khulna Nursing College, Khulna, Bangladesh.

⁴ National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh.

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Abstract

Complementary feeding is the systemic process of introduction of semisolid or solid food in infant at the right time in addition to mother's milk in order to provide needed nutrition to the baby. A cross sectional study was conducted from January to December, 2020 to assess the level of knowledge and practice of nursing mothers regarding complementary feeding. Total 177 nursing mother were selected purposively and interviewed with a pre-tested semi-structured questionnaire. Face to face interview was conducted to collect data. P-value less than 0.05 were set as statistically significant. The knowledge and practice score were categorized into good ($\geq 70\%$), satisfactory (50 to 70%), and poor ($\leq 50\%$). Out of 177 respondents, majority 109(61.6%) had satisfactory knowledge regarding complementary feeding, 33(18.6%) had good knowledge and rest of them 35(19.8%) had poor knowledge regarding complementary feeding among the nursing mother. On the other hand 62.7% respondents had poor Practices, 24.9% had satisfactory practices and 12.4% had good practices regarding complementary feeding among the nursing mothers. There was highly significant association between knowledge and practice of complementary feeding ($p < .000$). Nursing mother's knowledge regarding complementary feeding time was inadequate and practices were inappropriate. . It is the responsibility of health professionals to pass on the current information about proper infant feeding to mothers/care takers for promoting the healthy complementary feeding of the breastfeed child.

Keywords: Complementary feeding; Nursing mother; Exclusive breast feeding; Hygienic principles; Food groups

1. Introduction

Nutrition is a vital component of health promotion and disease prevention. The major effects of under nutrition are believed to occur during the first 2 years of human life. This is because, at this stage, under nutrition causes irreversible damage to physical, mental, and social development of the child transcending into reduced intellectual potential at adulthood [1]. The first two years of life provide a critical window of opportunity for ensuring children's appropriate growth and development through optimal feeding.

Complementary feeding should be started when breast milk is no longer enough to meet the nutritional needs of the infant [2].The transition from exclusive breast feeding to semisolid food is a very vulnerable period because it is the time when malnutrition starts in many infants, contributing significantly to the high prevalence of malnutrition and infection in children less than five years of age worldwide [3].

According to the WHO guidelines complementary feeding should be started at 6 months of age along with breast feeding up to 2 years or more (WHO, 2016 and WHO/UNICEF, 1998).

* Corresponding author: Rexona Parvin
District Hospital, Narail, Bangladesh. Email: ashees2020@gmail.com

Complementary feeding foods should be adequate in nutrition, appropriate in consistency, given in sufficient quantity and hygienic. According to the WHO guidelines complementary feeding should be started at 6 months of age along with breast feeding up to 2 years or more [4] [5].

Improper complementary feeding or complementary feeding practices, coupled with high rates of infectious diseases, are the principal proximate causes of malnutrition during the first two years of life [6]. For this reason, it is essential to ensure that mothers and caregivers are provided with appropriate guidance regarding optimal feeding of infants and young children.

Understanding the decision making process, social beliefs, knowledge, attitude and practices of complementary feeding is an important step prior to designing an intervention strategy to prevent malnutrition in children. Aim to assess the level of knowledge and practices of nursing mothers regarding complementary feeding.

2. Material and methods

2.1. Study design

The study design was a descriptive type of cross-sectional study.

2.2. Study population & Sample

Study population were mothers of children aged 6-23 months age, sample population was selected purposively from the selected upazillas.

2.3. Study place

The study was conducted in E.P.I. center and pediatric outdoors of Upazilla Health Complex, Abhoynagor and Bagharpara, Jashore.

2.4. Study period

The study was conducted for the one year during the period of 1st January to 31st December 2020.

2.5. Sample size

The sampling size was determined by the following formula. Sample size for that proposed study was calculated by the following formula-

$$z^2pq/d^2$$

Here,

n= assumed sample size

z= the standard normal deviation usually set at 1.96 at 95% confidence level

p= the proportion in the population possessing the characteristics of interest.

q=1-p, here, 1-0.74=0.26

d=Acceptable margin of error or precision (5%) =0.05

From the previous study, proportion of complementary feeding practices among mothers is 74%; value of p = 0.74, (Saleh, F., et al., 2014)

From the above formula the estimated sample size is 295.

*Though the actual sample size was 295 but data was collected from 177 respondents due to COVID – 19 pandemic situations.

2.6. Inclusion Criteria

- Mothers who willing to participate.
- Mothers of children aged 6-23 months.

2.7. Exclusion Criteria

- Physically ill mothers and children.
- Mentally ill mothers and children.

2.8. Sampling Technique

Purposive sampling technique was used. Out of the study population the individual sample units were selected according to selection criteria.

2.9. Data Collection tools

A pre-tested modified Semi-structured self-administered questionnaire was developed by using selected variables according to objectives. The questionnaire was divided into 3 sections including 1) Demographic Questionnaire, 2) Knowledge regarding complementary feeding Questionnaire, 3) Practice regarding complementary feeding Questionnaire.

2.10. Data collection technique

Face to face interview.

2.11. Data management and analysis plan

After completion of data collection, all data were processed through computer program (SPSS version-25). Data were analysed using descriptive and inferential statistics. Descriptive statistics were used for presenting demographic characteristics. Practice levels were described in terms of frequency, percentage, mean, standard deviation, and range. Chi-square test was used to examine the significance among the level of nursing mother knowledge and practice.

3. Results

This cross sectional study was carried out among 177 nursing mother to assess the level of knowledge and practices of nursing mothers regarding complementary feeding in E.P.I. center and pediatric outdoors of Upazilla Health Complex, Abhaynagar and Bagharpara, Jashore. This chapter represents findings of those data.

Table 1 Socio-demographic status of the respondents

Age group (in complete years)	Frequency (n)	Percent (%)
Below 20 years	45	25.4%
20 - 30 years	107	60.5%
31 - 40 years	24	13.6%
Above 40 years	1	.6%
Mean (\pmSD) 25.20 (\pm5.292)		
Level of education		
No formal education	8	4.5%
Primary education	33	18.6%
Up to JSC	56	31.6%
Up to SSC	35	19.8%
HSC	24	13.6%
Graduate	12	6.8%
Post graduate	9	5.1%
Occupation		

Housewife	171	96.6%
Service holder	6	3.4%
Monthly family income		
Up to 10000/-	5	2.8%
11000 – 20000/-	102	57.6%
21000 – 30000/-	52	29.4%
Above 30000/-	18	10.2%
Gender of child		
Male	94	53.1
Female	83	46.9
Number of children		
One	73	41.2%
Two	80	45.2%
Three	16	9.0%
Above three	8	4.5%
Spouse educational status		
Primary education	24	13.5%
Up to JSC	55	34.4%
Under graduate	61	40%
Post graduate	37	20.9%
Spouse Occupation		
Farmer	8	4.5%
Labor	77	43.5%
Service	31	17.5%
Business	61	34.5%
Person to take care of child		
Myself	172	97.2%
Husband	5	2.8%
Person to take care of living expenses		
Myself	6	3.4%
Husband	171	96.6%
Total	177	100.0%

Table 1 shows the socio-demographic status of the respondents. Out of 177 respondents, more than half 107 (60.5%) were the age group within 20 -30 years, 24(13.6%) were age group 31 – 40 years, 45(25.4%) were age group below 20 years and only 1(.6%) were above 40 years. The mean age of the respondents was 25.20 (± 5.292) years. From them 56 (31.6%) education level were up to JSC, 33(18.6%) were up to primary education, 24 (13.6%) were up to HSC, 12(6.8%) were up to graduate and only 9 (5.1%) respondents education level were up to post graduation and 171 (96.6%) were housewife and rest of them 6(3.4%) were service holder. More than half 102(57.6%) respondents monthly family income were up to 11000 – 20000/-, here, 52(29.4%) monthly family income were up to 21000 – 30000/-, from them 5(2.8%) monthly family income were up to 10000/- and only 18(10.2%) respondents monthly family income were up to above 30000/-. Here, majority 94 (53.1%) of the respondent's gender of child were male and rest of them 83(46.9%) gender of child were female and less than half 80(45.2%) of the respondents had two children, 73(41.2%) of the respondents had one child, 16(9.0%) of the respondents had three children and rest of them 8(4.5%) of the respondents had more than 3 children. Out of 177 respondents, 55(34%) respondent's spouse education were up to JSC, 24(13.5%) respondent's spouse education were up to primary level, 61(40%) respondent's spouse education were up to under graduate and rest of them 37(20.9%) respondent's spouse education were up to post graduation. Most of the respondents 77(43.5%) spouse occupation was labor, 61(34.5%) spouse occupation was business, 31(17.5%) spouse

occupation was service and only 8(4.5%) spouse occupation was farmer. Among the 177 respondents, majority of the respondents 172(97.2%) to take care of their child by herself and only 5(2.8%) of the respondents to take care of child by their husband and 171(96.6%) of the respondent's to take care their living expenses by husband, 6(3.4%) of the respondent's to take care their living expenses by herself.

Table 2 Knowledge about complementary feeding of the respondents (n=177)

complementary feeding	Frequency (n)	Percent (%)
Extra food with breast milk after six months age is complementary feeding	167	94.4%
No idea	10	5.6%
Starting time of complementary feeding		
Before completion of 6 months	25	14.1%
After 6 months	143	80.8%
From 6 months	1	.6%
No idea	8	4.5%
Knowledge & benefit of Complementary feeding at right time		
Growth and development of child	165	93.2%
Only development	3	1.7%
No idea	9	5.1%
Appropriate source of complementary feeding		
Baby food from market	14	7.9%
Homemade food	163	92.1%
Late complementary feeding may leading		
Well nutrition of child	18	10.2%
Malnutrition of child	143	80.8%
No idea	16	9.0%
Feeding practice followed for female child		
Provide same time, food, frequency and amount like as male child	174	98.3%
Late start of complementary feeding with provide less amount of food rather than male child	3	1.8%
Way to ensure the foods safety and hygiene		
Nothing to do	41	23.2%
Wash hands and clean necessary utensils.	128	72.3%
No idea	8	4.5%
Total	177	100.0%

Table 2 shows to knowledge about complementary feeding of the respondents. Among the 177 respondents, 167(94.4%) knew that extra food with breast milk after six months age is complementary feeding and rest of them 10(5.6%) had no idea about complementary feeding. Majority 143(80.8%) of the respondents think before 6 months complementary feed should be introduced in addition to breastfeeding, 25(14.1%) think after 6 months complementary

feed should be introduced in addition to breastfeeding, 8(4.5%) had no idea and only 1(.6%) respondent think complementary feed should be introduced in addition to breastfeeding. Most of the respondents 165(93.2%) think complementary feeding with breastfeeding in appropriate time ensures growth and development of child, 3(1.7%) think only development and 9(5.1%) respondents have no idea. Majority 163(92.1%) give opinion homemade food is appropriate source of complementary feeding and 14(7.9%) give opinion baby food from market is appropriate source of complementary feeding. Here, 143 (80.8%) give opinion, late complementary feeding may lead to malnutrition of child, 18(10.2%) give opinion, late complementary feeding may lead to well nutrition of child and 16(9.0%) respondent had no idea about effect of late complementary feeding. Out of 177 respondents, majority 174 (98.3%) give opinion, they provide same time, food, frequency and amount to female child same as male child, and 3(1.8%) respondents give opinion, they late start of complementary feeding with provide less amount of food to female child rather than male child and 128(72.3%) wash hands and clean necessary utensils to ensure the foods safety and hygiene, 41(23.2%) nothing to do to ensure the foods safety and hygiene, and 8(4.5%) had no idea about way to ensure the foods safety and hygiene.

Table 3 Knowledge about breastfeeding of the respondents (n=177)

Period of exclusive breastfeeding	Frequency (n)	Percent (%)
First 6 months	153	86.4%
First 4 months	9	5.1%
First 5 months	6	3.4%
No idea	9	5.1%
Appropriate times a mother should breast feed a child after 6 months		
On demand	172	97.2%
No idea	5	2.9%
Appropriate times of a mother should stopped breastfeed of a child		
0 - 2 yrs.	161	91.0%
No idea	16	9.1%
Total	177	100.0%

Table 3 shows to knowledge about breastfeeding of the respondents. From the 177 respondents, 153(86.4%) give opinion first 6 months baby feed only breast milk without complementary feed, 9(5.1%) give opinion first 5 months baby feed only breast milk without complementary feed, 6(3.4%) give opinion first 6 months baby feed only breast milk without complementary feed and 9(5.1%) give opinion they have no idea about months baby feed only breast milk without complementary feed. From them, 172(97.2%) think appropriate times a mother breast feed a child after 6 months depends on demand and 5(2.9%) had no idea about appropriate times a mother breast feed a child after 6 months. Most 161(91.0%) of the respondents give opinion 0 – 2 years a mother breastfeed a child before stopping and 16(9.1%) had no idea about appropriate times should a mother breastfeed a child before stopping.

Table 4 Knowledge about meal frequency of complementary feed of the respondents (n=177)

Minimum meal frequency of complementary feed giving in a day at the age of 6- 8 months	Frequency (n)	Percentage (%)
Two - three times	114	64.4%
At least five times	19	10.7%
At least six times	2	1.1%
No idea	42	23.7%
Minimum meal frequency of complementary feed giving in a day at the age of 9- 11 months		
At least two times	10	5.6%
Three –four times	26	14.7%
At least 4 times	114	64.4%
No idea	27	15.3%

Minimum meal frequency of complementary feed giving in a day at the age of 12- 24 months		
Three times daily	72	40.7%
Three –four times	47	26.6%
Five times daily	31	17.5%
No idea	27	15.3%
Times to offer additional nutritious snacks at the age of 12 – 24 months		
1-2 times per day.	130	73.4%
3-4 times per day.	24	14.2%
No idea	22	12.4%
Total	177	100.0%

Table 4 shows to knowledge about minimum meal frequency of complementary feed of the respondents. Among the 177 respondents, more than half 114(64.4%) of the respondents two - three times giving complementary feed in a day at the age of 6- 8 months, 19(10.7%) at least five times giving complementary feed in a day at the age of 6- 8 months, 2(1.1%) at least six times giving complementary feed in a day at the age of 6- 8 months and 42(23.7%) respondents had no idea about Minimum frequency of complementary feed giving in a day at the age of 6- 8 months. More than half 114(64.4%) of the respondents at least 6 times giving complementary feed in a day at the age of 9- 11 months, 26(14.7%) three –four times giving complementary feed in a day at the age of 9- 11 months, 10(5.6%) at least two times giving complementary feed in a day at the age of 9- 11 months and 27(15.3%) respondents had no idea about Minimum frequency of complementary feed giving in a day at the age of 9- 11 months. Here, less than half 72(40.7%) of the respondents three times daily giving complementary feed in a day at the age of 12- 24 months, 47(26.6%) three –four times giving complementary feed in a day at the age of 12- 24 months, 31(17.5%) five times daily giving complementary feed in a day at the age of 12- 24 months and 27(15.3%) respondents had no idea about Minimum frequency of complementary feed giving in a day at the age of 12- 24 months.

Out of 177 respondents, 130(73.4%) per day 1-2 times offer additional nutritious snacks at the age of 12 – 24 months, 25(14.2%) per day 3-4 times offer additional nutritious snacks at the age of 12 – 24 months, and 22(12.4%) of the respondents had no idea about times to offer additional nutritious snacks at the age of 12 – 24 month.

Table 5 Practice about complementary feeding of the respondents (n=177)

Introduce complementary feeds at 6 months of age while continuing to breastfeed	Frequency (n)	Percent (%)
Yes	130	73.5%
Sometimes	00	00%
No	47	26.6%
Continue frequent, on-demand breastfeeding until two years of age		
Yes	148	83.6%
Sometimes	12	6.8%
No	17	9.6%
Start with small amounts of food and increase the quantity as the child gets older from 6 month		
Yes	93	52.5%
Sometimes	76	42.9%
No	8	4.6%
Gradually increase food consistency and variety as the infant gets older		
Yes	78	44.1%
Sometimes	82	46.3%
No	17	9.6%
Provide 1-2 times additional nutritious snacks per day		

Yes	58	32.8%
Sometimes	76	42.9%
No	43	24.3%
Feed a variety of foods that ensure nutrient needs are met		
Yes	80	45.2%
Sometimes	71	40.1%
No	26	14.7%
Total	177	100.0%

Table 5 shows Practice about complementary feeding of the respondents. Out of 177 respondents, majority 130 (73.5%) introduce complementary feeds at 6 months of age while continuing to breastfeed while 47(26.6%) respondents did not introduce complementary feeds at 6 months of age while continuing to breastfeed. Majority 148(83.6%) continuing on-demand breastfeeding until two years of age, 12(6.8%) sometimes continue on-demand breastfeeding until two years of age and 17(9.6%) respondents did not continuing on-demand breastfeeding until two years of age. Out of 177 respondents, 93(52.5%) start at 6 months of age with small amounts of food and increase the quantity as the child gets older, 76(42.9%) sometimes start at 6 months of age with small amounts of food and increase the quantity as the child gets older and 8(4.6%) did not start at 6 months of age with small amounts of food and increase the quantity as the child gets older. Here, respondents, 78(44.1%) gradually increase food consistency and variety as the infant gets older, 82(46.3%) sometimes gradually increase food consistency and variety as the infant gets older and 17(9.6%) did not gradually increase food consistency and variety as the infant gets older and 58(32.8%) provide 1-2 times additional nutritious snacks (such as a piece of fruit or bread or chapatti with nut paste) per day, 76(42.9%) sometimes provide 1-2 times additional nutritious snacks (such as a piece of fruit or bread or chapatti with nut paste) per day and 43(24.3%) did not provide 1-2 times additional nutritious snacks (such as a piece of fruit or bread or chapatti with nut paste) per day. From the total respondents, 80(45.2%) feed a variety of foods to ensure that nutrient needs are met, 71(40.1%) sometimes feed a variety of foods to ensure that nutrient needs are met and 26(14.7%) did not feed a variety of foods to ensure that nutrient needs are met.

Table 6 Distribution of the respondents according to give vitamin A- and mineral rich complementary feed daily (n=177)

Give vitamin A-rich fruits, vegetables and pulses daily	Frequency (n)	Percent (%)
Yes	46	26.0%
Sometimes	96	54.2%
No	35	19.8%
Use fortified complementary foods or vitamin-mineral supplements for the infant		
Yes	43	24.3%
Sometimes	57	32.2%
No	77	43.5%
Increase fluid intake during illness, including more frequent breastfeeding, and encourage the child to eat soft, varied, appetizing, favorite foods		
Yes	46	26.0%
Sometimes	94	53.1%
No	37	20.9%
After illness, give more food often than usual and encourage the child to eat more		
Yes	37	20.9%
Sometimes	109	61.6%
No	31	17.5%
Give meat/ poultry/ fish or eggs should be eaten daily		
Yes	120	67.8%
Sometimes	49	27.7%

No	8	4.5%
Family members who have food taboos about specific items		
Yes	58	32.8%
No	119	67.2%
Total	177	100.0%

Table 6 shows, Distribution of the respondents according to give vitamin A- and mineral rich complementary feed daily. Out of 177 respondents 46(26.0%) give vitamin A-rich fruits, vegetables and pulses daily, 96(54.2%) sometimes give vitamin A-rich fruits, vegetables and pulses daily and 35(19.8%) did not give vitamin A-rich fruits, vegetables and pulses daily and 43(24.3%) use fortified complementary foods or vitamin-mineral supplements for the infant, as needed, 57(32.2%) did not use fortified complementary foods or vitamin-mineral supplements for the infant, as needed. Here, 46(26.0%) increase fluid intake during illness, 94(53.1%) sometimes increase fluid intake during illness, and 37(20.9%) did not increase fluid intake during illness, including more frequent breastfeeding, and encourage the child to eat soft, varied, appetizing, favorite foods. Out of 177 respondents, 37(20.9%) after illness, give food more often than usual and encourage the child to eat more, 109(61.6%) sometimes after illness, give food more often than usual and encourage the child to eat more and 31(17.5%) did not after illness, give food more often than usual and encourage the child to eat more. Majority of the respondent, 120(67.8%) give meat, poultry, fish or eggs should be eaten daily, or as often as possible, 49(27.7%) sometime give meat, poultry, fish or eggs should be eaten daily, or as often as possible and 8(4.5%) did not give meat, poultry, fish or eggs should be eaten daily, or as often as possible and 58(32.8%) family members who have food taboos about specific items and 119(67.2%) respondents family members who have not food taboos about specific items.

Table 7 Distribution of the respondents according to association between Knowledge and Practices of Complementary feeding (n=177)

		Practice Level			Total	Significance
		Poor	Satisfactory	Good		
Knowledge Level	Poor	32	2	1	35	$\chi^2 = 17.290^a$ df = 4 p value = .000
	Satisfactory	64	30	15	109	
	Good	15	12	6	33	
Total		111	44	22	177	

Table 7 represent that Chi-Square test was performed, there was a highly significance association between Knowledge and Practices of Complementary feeding ($p < .000$).

Figure 1 shows the distribution of the respondents according to knowledge regarding complementary feeding. Out of 177 respondents, majority 109(61.6%) had satisfactory knowledge regarding complementary feeding, 33(18.6%) had good knowledge and rest of them 35(19.8%) had poor knowledge regarding complementary feeding among the nursing mother.

Figure 2 shows the distribution of the respondents according Practices regarding complementary feeding. Out of 177 respondents, majority 111(62.7%) respondents had Poor Practices regarding complementary feeding, 44(24.9%) had Satisfactory Practices and 22(12.4%) had good Practices regarding complementary feeding among the nursing mothers.



Figure 1 Distribution of the respondents according to knowledge regarding complementary feeding (n=177)

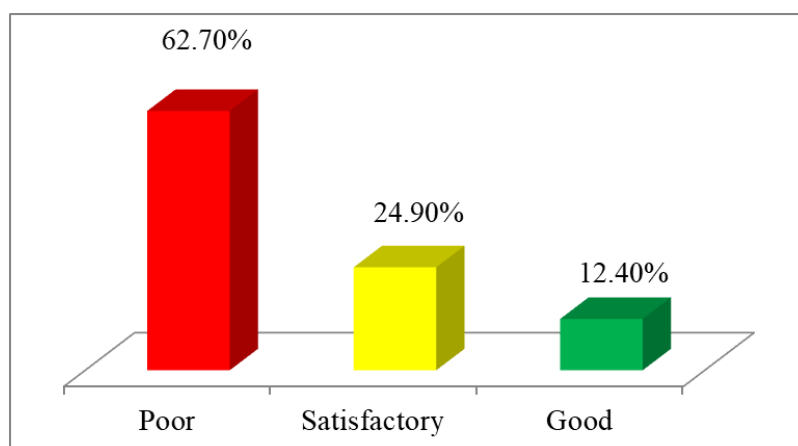


Figure 2 Distribution of the respondents according to Practices regarding complementary feeding (n=177)

4. Discussion

Optimal nutrition during first two years of life is crucial for the survival, healthy growth, and development of infants and young children.

In present study, out of 177 respondents, majority 130 (73.5%) introduce complementary feeds at 6 months of age while continuing to breastfeed while 47(26.6%) respondents did not introduce complementary feeds at 6 months of age while continuing to breastfeed and Out of 177 respondents, 148(83.6%) continuing on-demand breastfeeding until two years of age, 12(6.8%) sometimes continue on-demand breastfeeding until two years of age and 17(9.6%) respondents did not continuing on-demand breastfeeding until two years of age. There was a gap between knowledge of complementary feeding and its practice.

WHO recommended introducing complementary foods at 6 months of age (180 days) while continuing to breastfeed. Initiation of complementary food among infants aged 6-9 months was 76% [7]. According to the Bangladesh Demographic Health Survey 2006- 2007, the rate of introduction of complementary food at 6–8 months of age was 84% in Sri Lanka. This rate was 70% in Nepal 69 and 76% in Bangladesh. In India only half (55%) of the children aged between 6 and 8 months were introduced to solid foods but this rate was 39% in Pakistan [8].

Here, among the 177 respondents, 167(94.4%) knew that extra food with breast milk after six months age is complementary feeding and rest of them 10(5.6%) had no idea about complementary feeding. More than half 114(64.4%) of the respondents two - three times giving complementary feed in a day at the age of 6- 8 months, and 42(23.7%) respondents had no idea about Minimum frequency of complementary feed giving in a day at the age of 6- 8 month. More than half 114(64.4%) of the respondents at least 4 times giving complementary feed in a day at the age of

9- 11 months, 26(14.7%) three –four times giving complementary feed in a day at the age of 9- 11 months, and 27(15.3%) respondents had no idea about Minimum frequency of complementary feed giving in a day at the age of 9- 11 months. Less than half 72(40.7%) of the respondents three times daily giving complementary feed in a day, 47(26.6%) three –four times giving complementary feed in a day at the age of 12- 24 months, 31(17.5%) and 27(15.3%) respondents had no idea about Minimum frequency of complementary feed giving in a day at the age of 12- 24 months.

Knowledge of complementary feeding was low (14.9%) and was associated with older mothers' age, being married, and higher level of education. The prevalence of timely initiation of complementary feeding (47.9%), dietary diversity (16.0%) and minimum acceptable diet for children between 6 and 9 months (16%) were low. Overall, appropriate complementary feeding practice was low (47.0%) and associated with higher level of mothers' education and occupation [9].

Out of 177 respondents, majority 109(61.6%) had satisfactory knowledge regarding complementary feeding, 33(18.6%) had good knowledge and rest of them 35(19.8%) had poor knowledge regarding complementary feeding among the nursing mother and majority 111(62.7%) respondents had Poor Practices regarding complementary feeding, 44(24.9%) had Satisfactory Practices and 22(12.4%) had good Practices regarding complementary feeding among the nursing mothers and there was a highly significance association between Knowledge and Practice of Complementary feeding ($p < .000$). There was a highly significance association between Knowledge and Practices of Complementary feeding ($p < .000$).

In present study explore that, the mother had some misconception about complementary feedings. The mothers said that the child does not get enough breast milk so they started complementary feeding, though they know the ideal time to start complementary feeding is from 6 months of age. Some mother told that the child stomach was fulfill by breast milk and it is enough to meet baby's demand so, they didn't start complementary feeding at six months of age.. Some mothers' think that oranges, apples, pomegranate have more nutrients value, but unluckily they could not able to buy it due to financial crisis. They said that if the food is affordable then they could buy nutritious foods easily. Many mothers mentioned that their children do not want to eat. Most of mothers said that they bought Quail eggs and it contains more protein as needed.

5. Conclusion

There is lack of knowledge in mothers regarding complementary feeding, false beliefs and attitudes, illiteracy, low socio-economic status of rural mothers, thus leading to malnutrition of the child. Hence, mothers should be educated properly regarding complementary feeding, foods, preparation and practice to prevent malnutrition and improve the health status of the children.

Compliance with ethical standards

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Disclosure of conflict of interest

None to declare.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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