# **ORIGINAL RESEARCH**

# A Study On Knowledge, Attitude And Practices Of Complimentary Feeding In Nursing Staff Vs Mothers Of Babies Aged 6-24 Months In A Tertiary Care Hospital In North Karnataka

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#### ABSTRACT

**Introduction:**\_Food that is offered to complement breast milk in order to meet baby's growing needs is called 'complementary food'. Appropriate complementary feeding is vital for children's health. Nurses play a role ineducating mothers regarding the same. This study conducted to compare the knowledge of mothers of babies aged 6-24months with nurses.

**Objective:** To determine the level of knowledge and attitude about complementary feeding among the nurses and mothers.

**Methods:** A descriptive cross–sectional questionnaire based study was carried out with 401 nurses of a tertiary care hospital in North Karnataka and 425 mothers of babies aged 6-24 months in August- September 2022 using a structured questionnaire.

**Results:** Among the mothers, 53.5% were aged between 21- 30 years and 46.5% of them were degree holders. 69% initiated breast feeding soon after birth and 65.5% exclusively breast fed upto 6 months. Delayed initiation of complementary feeding was noted in 30.8% of mothers, 60.8% preferred homemade complementary feed. Food diversity was very low (10.1%) and the most mothers reduced frequency of feeding during common illnesses. Concept of 'hot' and 'cold' food existed among majority of the population. Nurses knowledge was better compared to mothers knowledge, but still requires improvement in many areas.

**Conclusion:** Mothers knowledgeregarding complementary feeding is inadequate and practices are inappropriate. False beliefs as well as social taboos tend to wean the child at an inappropriate age and prevent consumption of nutritious food. Even in healthcare workers, this knowledge is lacking. Hence, it is essential to educate nurses to provide proper knowledge and education to prevent malnutrition and improve the health status of children.

Key Words: Complementary feeding, nursing staff, mothers, knowledge, attitude, practices

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### INTRODUCTION

India contributes to 25% of over 6.9 million under five deaths occurring worldwide every year. About 50% of the child deaths in India are attributable to undernutrition and its complications. Appropriate feeding practisesare of fundamental importance for the survival, growth, development, health and nutrition of infants and youngchildren. Food that is offered to complement breast milk in order to meet babies growing needs is called complimentary food. Many national service have shown that introduction of semisolid from six months has not been effectively practiced in India as importance of which is not communicated to mothers or parents. This study aims to assess and compare the knowledge, attitude, and practices regarding complementary feeding among the nursing staff andmothers with children between 6 months and 24 months. Nurses can be potential nutrition educators in hospital and in community. It is an immediate responsibility of health care providers to educate the mothers about complimentary feeding and it will be an effective tool in bring down malnutrition and there by under-fivemortality in India.

**METHODS:** We conducted this observational cross sectional survey study over a period of six months in SDM college of medical sciences, Dharwad. Ethical approval was obtained from the institutional review committee of Medical College before initiation of the study. Mothers having children between 6 to 24 months of age attending the outpatient department of Pediatrics and mothers of stable children of same age who were recovering from various illnesses admitted in pediatric ward were included in the study. A convenient sampling method was used, 425mothers and 401 nursing staff of the hospital were interviewed. Data was collected after obtaining informed consent, a structured questionnaire applied to ascertain the knowledge, attitude, and practices regarding complementary feeding. Statistical analysis was done using Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics of the explanatory and outcome variables were calculated by frequency and proportions for qualitative variables. Chi-square test was applied for qualitative variables and the level of significancewas set at 5%.

#### RESULTS

Our study had a total of 826 participants- 401 nursing staff and 425 mothers. Almost half of the mothers (53.5%) and more than two-third (66.6%) of the nursing staff belonged to the age group 21-30 years. Nuclear family system was more common than the joint family system in both the groups. While most of the nurses (58.9%) hailed from rural areas, most of the mothers (59.9%) came from urban areas. The sociodemographic profile of the participants is shown in Table 1. On assessing the knowledge on infant and young child feeding in nursing staff vs mothers, 363 (90.5%) nurses knew that breastfeeding should be initiated soon after birth, while only 294 (69%) mothers were aware of the same. Most of the nursing staff 371 (92.5%) were knowledgeable regarding exclusive breastfeeding upto 6 months of age, only 279 (65.5%) mothers had similar knowledge. 240 nursing staff (59.9%) and 142 mothers (33.3%) knew the correct age to initiate complementary feeding. Majority of the mothers (60.8%) preferred homemade complementary feed, more than half of the nursing staff (54.5%) preferred a combination of both commercially made and homemade complementary feed. When asked about frequency of complementary feed at 6, 9 and 12 months of age, knowledge of the nursing staff was comparable with that of the mothers', indicating the requirement of further education of our nursing staff with regard to complementary feeding. Majority of both mother's (53.1%) and nurses (45.3%) knowledge regarding

complementary feeding can be attributed to education (schooling and primary degree). Most of the nurses (90%) and mothers (70%) were aware of iron rich foods and understand the importance of adding an iron tonic in babies. The nursing staff and mother's knowledge of infant and young child feeding is shown in Table 2.Most of the nursing staff (69.9%) think that dietary diversity (in the form of oil/ghee, fruits/ vegetables, grains, dry fruits) should be considered while feeding infants and young children, lesser mothers were in accordance with the same. Upon enquiry regarding feeding during episodes of illness, 33.4% of the nursing staff was of the opinion to increase complementary feed during illness, 25.7% opined that feed should be maintained the same, 23.2% thought that food should be withheld. Most mothers (48.6%) opined that feed should be withheld during illness, while 33.1% thought complementary feed must be decreased in quantity during illness. Regarding cultural and social food taboos, 63.4% nurses consider banana, yogurt and rice as cold food in comparison to 89% mothers who believed the same. 67.3% nurses believe that meat, pulses, nuts, and eggs are hot and hard to digest, while compared to 61.3% mothers who believe the same. Bottle feeding was a well-accepted practice in 40.6% mothers, while lesser (11.2%) nursing staff accepted the practice of bottle feeding. Majority (65.3%) of mothers believed biscuits can be added as a complementary feed, while almost half the nursing staff (45.9%) believed the same. The attitude of nursing staff and mothers regarding infant and young child feeding is shown in Table 3.Almost all the nursing staff (98.3%) and mothers (92%) who participated in the study practiced hand washing before preparing food and used boiled water for drinking. Majority of the nursing staff (92.3%) preferred to prepare the complementary feed separately from adult food, while majority of the mothers (56.1%) prepared complementary food along with adult food. The most accepted reason for the delayed introduction of complementary food among mothers (43.4%) and nursing staff (41.4%) alike was because they thought mother's milk was enough, followed by other reasons such as- the child vomited everything when started on complimentary food, an elder in the family told to do so and few said that the child did not accept the food. Consistency of the feed at 6, 9 and 12 months was appropriate with majority of the mothers and nursing staff. Majority (56.9%) of nursing staff and (50.5%) of the mothers preferred to feed their children a combination of cerelac, porridge, mashed fruits and vegetables as complementary feed. The nursing staff and mother's practices regarding complementary feeding are shown in Table 4.

TABLE 1: DEMOGRAPHIC DETAILS						
Demographic		Groups				
Details		Nursing staff	Mothers			
	17 to 20 yrs	14	8			
	17 to 20 yrs	3.5%	1.9%			
Age	21 to 30 yrs	267	228			
1150	21 to 50 yrs	66.6%	53.5%			
	31 to 40 yrs	120	190			
	5110 10 915	29.9%	44.6%			
	Married	219	426			
		54.6%	100.0%			
Marital status	Unmarried	181	0			
		45.1%	0.0%			
	Widowed/Separated	1	0			
	1	.2%	0.0%			
	Yes	158	426			
Child		39.4%	100.0%			
	No	243				
		60.6%	0.0%			
	Illiterate	3	17			
		.7%	4.0%			
	Primary School	-	47			
	-	.2%	<u>11.0%</u> 4			
Educational	Secondary School	0.0%				
qualification		27	.9% 111			
quantication	PUC	6.7%	26.1%			
		368	198			
	University degree	91.8%	46.5%			
		2	49			
	PG degree	.5%	11.5%			
		352	345			
	Hindu	87.8%	81.0%			
		17	44			
Religion	Muslim	4.2%	10.3%			
	0.1	32	37			
	Others	7.7%	8.7%			
	10 / 201	204	181			
	18 to 20 k	50.9%	42.5%			
	$21 \pm 201$	154	124			
	21 to 30 k	38.4%	29.1%			
Monthly	21  to  40  l	40	99			
income	31 to 40 k	10.0%	23.2%			
	41 to 201	3	19			
	41 to 80k	.7%	4.5%			
	> 80k	0	3			
	> 0UK	0.0%	.7%			
Type of family	Nuclear	267	239			
	11001001	66.6%	56.1%			
	Joint	134	187			
	Joint .	33.4%	43.9%			
	Rural	236	154			
		58.9%	36.2%			
Residence	Urban	152	255			
		37.9%	59.9%			
	Semi-urban	13	17			
		3.2%	4.0%			

**TABLE 1: DEMOGRAPHIC DETAILS** 

TABLE 2.; KNOWLEDGE					
		Groups			
		Nursing staff	Mothers	Total	p value
	(	371	279	650	
	6 months	92.5%	65.5%	78.6%	
	15 0	12	59	71	
	4-5 months	3.0%	13.8%	8.6%	
Exclusively	2-3 months	18	62	80	0.001*
breast fed until	2-5 months	4.5%	14.6%	9.7%	0.001*
	Unto 1 month	0	10	10	
	Upto 1 month	0.0%	2.3%	1.2%	
	No idea	0	16	16	
	No Idea	0.0%	3.8%	1.9%	
	Soon after birth	363	294	657	
	Soon alter bitti	90.5%	69.0%	79.4%	
	1 day after birth	24	74	98	
	i day alter bitti	6.0%	17.4%	11.9%	
Initiation of	2 days after birth	12	56	68	0.001*
breast feeds	2 days after birth	3.0%	13.1%	8.2%	0.001*
	3 days after birth	1	0	1	
		.2%	0.0%	.1%	
	No idea	1	2	3	
		.2%	.5%	.4%	
	4-5 months	53	135	188	
		13.2%	31.7%	22.7%	
	6 months	240	142	382	]
Initiation of	omonuns	59.9%	33.3%	46.2%	0.001*
complementary feeding (c/f)	7 months	108	147	255	0.001
	7 monuis	26.9%	34.5%	30.8%	
	No idea	0	2	2	
	Tio Idea	0.0%	.5%	.2%	
	2rr a darr	160	235	395	
	2x a day	39.9%	55.2%	47.8%	
How often to	3rr a davi	137	127	264	0.001*
give C/f @6 months	3x a day	34.2%	29.8%	31.9%	0.001
	1.6 times a day	104	64	168	
	4-6 times a day	25.9%	15.0%	20.3%	
	2.1	52	99	151	
	2x a day	13.0%	23.2%	18.3%	
How often to	201 4 4	173	191	364	0.001*
give C/f@9 months	3x a day	43.1%	44.8%	44.0%	0.001*
	4-6 times a day	176	136	312	
		43.9%	31.9%	37.7%	

### TABLE 2.; KNOWLEDGE

	_				
How often to give C/f @12 months	2x a day	111	147	258	
		27.7%	34.5%	31.2%	
	2	121	158	279	0.001*
	3x a day	30.2%	37.1%	33.7%	0.001*
	1.6.6	169	121	290	
	4-6 times a day	42.1%	28.4%	35.1%	
	Commercially	26	52	78	
_	made ( <u>Cerelac</u> )	6.5%	12.2%	9.4%	
Type of complementary	Homemade	157	259	416	0.001*
feeding	Homemade	39.2%	60.8%	50.3%	0.001
0	Both	218	115	333	
	Bour	54.4%	27.0%	40.3%	
	Education	213	193	406	
	Education	53.1%	45.3%	49.1%	
	Health care	120	72	192	
Source of	workers	29.9%	16.9%	23.2%	
knowledge about c/f	Relatives	56	153	209	0.001*
		14.0%	35.9%	25.3%	
		12	8	20	
	Electronic media	3.0%	1.9%	2.4%	
	Education	213	193	406	
	Education	53.1%	45.3%	49.1%	
	Health care	120	72	192	
Source of	workers	29.9%	16.9%	23.2%	
knowledge about c/f	Relatives	56	153	209	0.001*
C/I	Relatives	14.0%	35.9%	25.3%	
		12	8	20	
	Electronic media	3.0%	1.9%	2.4%	
I		270	200	(2)	1
	Yes	378	298	676	4
		04.20/	70.00/	01 70/	1

Iron rich foods	Yes	378	298	676	
		94.3%	70.0%	81.7%	0.001*
IT OIL TICH TOOUS	No	23	128	151	0.001
		5.7%	30.0%	18.3%	
Iron tonic	Yes	282	311	593	0.19
from tomic	165	70.3%	73.0%	71.7%	

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#### TABLE 3: ATTITUDE

		Nurses	Mothers	Total	p value
	Oil/ Char	45	48	93	
	Oil/ Ghee	11.2%	11.3%	11.2%	1
	Fruits/	93	175	268	
	Vegetables	23.2%	41.1%	32.4%	
	Pulses/ dal	62	35	97	
Diverse food	1 40000 3000	15.5%	8.2%	11.7%	0.001*
	Grains	138	72	210	
		34.4%	16.9%	25.4%	-
	Cashew/ Almond	29	53	82	-
		7.2%	12.4% 43	9.9% 77	-
	All of the above	54 8.5%	45	9.3%	-
	Decrease	8.3% 70	10.1%	211	
	quantity and				-
	frequency	17.5%	33.1%	25.5%	
	Withhold	93	207	300	
	complementary feed	23.2%	48.6%	36.3%	0.001*
Feeding during diarrhoea	Maintain same quantity and frequency	103	59	162	0.001
diarrhoea		25.7%	13.8%	19.6%	
	Increase quantity	135	19	154	
	and frequency	33.4%	4.5%	18.5%	
	· · ·				
	Banana	129	218	347	
		32.2%	51.2%	42.0%	
	Milk	61	65	126	
Feeding during	мшк	15.2%	15.3%	15.2%	0.001*
common cold	Curd None of the above	64	95	159	0.001*
		16.0%	22.3%	19.2%	
		147	48	195	
		36.4%	11.3%	23.5%	
		279	292	571	
	Yes				
Cold foods		69.3%	68.5%	68.9%	0.32
	No	122	134	256	
	110	30.2%	31.5%	30.8%	
Hot foods	Yes	270	261	531	
		67.3%	61.3%	64.2%	0.060
	No	131	165	296	0.069
		32.7%	38.7%	35.8%	
	Yes	45	173	218	0.001*
Bottle feeding					

		Nurses	Mothers	Total	<b>P</b> value
	Separate from	370	187	557	
D	adult food	92.3%	43.9%	67.4%	0.001*
Preparation	Along with adult	31	239	270	0.001*
	food	7.7%	56.1%	32.6%	1
		394	392	786	
	Yes	98.3%	92.0%	95.0%	0.001*
Handwashing	N	7	34	41	0.001*
	No	1.5%	8.0%	4.8%	1
	Vomits	126	66	192	
	everything	31.4%	15.5%	23.2%	1
	Mothers milk is	166	185	351	1
Reasons to	enough	41.4%	43.4%	42.4%	1
delay c/f	Child did not	91	73	164	0.001*
	accept other food	22.7%	17.1%	19.8%	1
	Elders in the	18	102	120	1
	family advice	4.5%	23.9%	14.5%	1
	Thin	269	328	597	
		67.1%	77.0%	72.2%	1
Consistency @6	Thick (semi solid)	78	70	148	
months		19.5%	16.4%	17.9%	0.001*
	Solid	54	28	82	1
		13.5%	6.6%	9.9%	1
	1				
months		67.1%	77.0%	72.2%	
	Thick (semi solid)	78	70	148	
	Thick (semi solid)	19.5%	16.4%	17.9%	
	Solid	54	28	82	
		13.5%	6.6%	9.9%	
	Thin	31	76	107	-
		7.7%	17.8%	12.9%	-
Consistency @9	Thick (semi solid)	304	280	584	0.001*
months		75.8%	65.7%	70.6%	-
	Solid	66	70	136	4
		16.5%	16.4%	16.4%	
Consistency @12 months	Thin	22	44	66	4
	Thick (semi solid)	5.5%	10.3%	8.0%	-
		97	100	197	0.036*
		24.2%	23.5%	23.8%	-
	Solid	282	282	564	-
		70.3%	66.2%	68.2%	ļ

## TABLE 4 : PRACTICES

		70.3%	66.2%	68.2%	
	Caralaa	34	36	70	
	Cerelac	8.5%	8.5%	8.5%	
	Dies Canii	44	48	92	
	Rice <u>Ganji</u>	11.0%	11.3%	11.1%	
	PariCanii	37	28	65	
	RagiGanji	9.2%	6.6%	7.9%	
Type of c/f	Multimaina	55	69	124	0.001*
	Multigrains	13.7%	16.2%	15.0%	0.001
	Mashed	3	4	7	
	vegetables	.7%	.9%	.8%	
	Mashed fruits	0	26	26	
	Mashed Huits	0.0%	6.1%	3.1%	
	All of the above	228	215	443	
	7 m or the above	56.9%	50.5%	53.6%	

### DISCUSSION

WHOsuggests complementary feeding should be started at 6 months of age, while continuing breastfeeding up to 2 years or more(1). Complementary feeding between 6 and 24 months of age is considered to be a crucial window of opportunity for preventing undernutrition and its long term negative outcomes in infants. (2) Introduction of complementary feeding at appropriate age is necessary for adequate nutrition to support physical growth and neurocognitive development. Early introduction may increase the risk of gastrointestinal and respiratory tract infections and risk of aspiration and late introduction may increase the risk of nutritional deficiency especially PEM and nutritional anaemia. Developing worlds still faces increased under-five mortality mainly due to infections like diarrhoea, pneumonia, measles and HIV. Protein energy malnutrition worsens these situation making children more prone to the diseases. In additionmalnutrition also contributes for poor cognitive function in children of developing countries. Infant and young child feeding (IYCF) is a key area to improve child survival and promote healthy growth and development. (3) World Health Organization (WHO) has promulgated desirable doctor-population ratio as 1:1,000 and India has achieved the ratio is 1.34 doctor for 1,000 Indian citizens as of 2017.) But the number of paediatricians is still less to cater the population so as to educate the mothers about the importance of complementary feeding. Other health care workers like nursing staff can serve as potential pool of educators, who when serving patients in hospital and when in community can teach mothers about complementary feeding. Our study aims to evaluate the knowledge of mothers from community to fill the existing knowledge gap and to find the knowledge among nursing staff so as to improve their understanding regarding child nutrition by taking classes and seminars especially in medical colleges. The World Health Organization (WHO) recommends

exclusive breastfeeding for the first six months of life (5)

This study showed that 92.5% nurses were aware about this and only 65.5% mothers knew about this which was comparable to study done by Sabina Shrestha etal. (6) 69% initiated breast feeding soon after birth while 13.1% started it after 2 days. Ninety percent of nurses were aware about early initiation of breast feeding. Early initiation of complementary feeding was found in 31.7%% delayed initiation was found in 34.5%%. Early initiation was similarly high in another study conducted in Dhaka, Bangladesh. Most common reason to delay complementary feeding was that mothers thought that mother's milk was enough. Other reasons to delay complementary feeding included advice of elders in the family, child did not accept other food and child vomited everything. (7) Knowledge about Appropriate frequency of complementary feeding at 6,9 and 12 moths were very low among mothers as well as nurses with only 39.9% mothers and 55.2% nurses were aware about feeding frequency at 6 months. Similar data was obtained for 9 and 12 months as well. 60.8% mothers were using homemade complementary feeds and 39.2% nurses opted for home made preparations and majority (54.4%) nurses preferred both commercially made and homemade. Only 10.1% of mothers and 8.5% of nurses understood the knowledge about diversity in food preapation, a higher percentage of children met minimum dietary diversity in was noted in Sri Lanka (71%) and Bangladesh (81.1%). (8) The knowledge among nurses about food diversity is worrying and they need be educated in this regard. 17.5%nurses and 33.1% mothers wishes to decreases frequency of feeds during diarrhoea. 53% mothers noted to decrease frequency in Sabina Shrestha et al. early 69% of mothers as well as nurses believed in cold foods and similarlynearly 65% believed in hot foods, this concept of hot and cold food still exists in Indians as a cultural taboo. Sabina Shrestha et al noted similar values in Nepal community. We need to mass

educate regarding this. Practice of bottle feeding is still relevant among 40.6% of mothers in our study. Similar results were obtained in a study conducted by Laxmikanth Lokare et al, where 69% babies between 4-6 months were put to bottle feeding. (9) Majority of the nursing staff and mothers advocated handwashing prior to preparation of complementary feed. Knowledge about age appropriate consistency was noted in both the groups. Preferred type of complementary feed was found to be a combination of commercially available complementary feeds. porridge, mashed fruits and vegetables along with multigrain mixture. This was comparable with a study conducted by Sandhya Rani et al. (10)

### CONCLUSION

Our study presents important findings regarding complementary feeding practices among mothers and nursing staff. There was a gap in knowledge and practice among mothers regarding adequate age of initiation of complementary feeding, timing to continue exclusive breast feeding, complementary foods, preparation, and practices. Though initiation of complementary feeding was appropriate in majority, they lacked knowledge regarding frequency of meals, food diversity and consistency of feeds at various age groups. It is evident from this study that the factors such as maternal education, nutritional counselling, food security, child numbers, maternal health services, decision-making power should be improved. Mother's knowledge requires improvement in areas such as iron supplementation, bottle feeding habits and use of biscuits as complementary feeds. Nurses knowledge was significantly higher though they lacked knowledge in other key areas such as frequency of feeding, usage of biscuits and other food taboos such as concept of hot and cold foods. To conclude, mothers require nutritional education during pregnancy and after delivery and even nurses need to be trained to provide education to mothers to better improve health of children in our country.

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