

DOI: <https://doi.org/10.33314/jnhrc.v19i1.3371>

Knowledge and Practice of Complementary Feeding among the Mothers of the Child Aged Group 6-24 Months, Tanahu District, Nepal

Sapana Bhujel,¹ Rakshya Khadka,² Swechhya Baskota,¹ Lisasha Poudel,³ Suman Bista,⁴ Minani Gurung,⁵ Tamanna Neupane,⁶ Bikram Adhikari³

¹Department of Public Health, Om Health Campus, Kathmandu, Nepal, ²Centre for Mental Health and Counselling-Nepal, ³Dhulikhel Hospital, Kathmandu-University Hospital, Nepal, ⁴National Institute of Mental Health and Neuro Sciences, Bengaluru, India, ⁵Nepal Institute of Development Studies, Nepal, ⁶Nepal Health Research Council, Kathmandu, Nepal.

ABSTRACT

Background: Early and late introduction of complementary feeding is associated with increased morbidity and nutritional deficiencies in children. In 2016, the under 5 mortality rate of Nepal was 39 deaths per 1000 live births and around 1 million under 5 children had suffered from chronic malnutrition. The main aim of this study was to identify the level of knowledge and practice regarding complementary feeding among the mothers of children aged group 6 to 24 months in Bhanu Municipality, Tanahu District, Nepal.

Methods: A descriptive cross-sectional study was conducted with 158 mothers of children age group 6 to 24 months from ward number 1 and 2 in Bhanu Municipality, Tanahu District, Nepal. Data collection was done after taking ethical approval by using a semi-structured questionnaire via face-to-face interviews. Collected data were entered and descriptive analysis was carried out in Statistical Package for the Social Services version 20. Categorical variables were presented using frequency and percentage. Clopper-pearson method was used to determine 95% confidence interval.

Results: Out of 158 respondents, 26.6% (95%CI: 19.9, 34.2) had inadequate knowledge, whereas 73.4% (95%CI: 65.8, 80.1) had adequate knowledge on complementary feeding. Likewise, the study revealed that 51.9% (95%CI: 43.8, 59.9) did the right practice, while 48.1% (95%CI: 40.1, 56.2) were involved in the wrong practice on complementary feeding. Only 39% mothers gained the knowledge about complementary feeding from the health workers. 2.5% of mother had exclusively breastfed their child up to just 3 months.

Conclusions: Despite the good level of knowledge about complementary feeding, the wrong practice was prevalent in about half of the mothers. As a result, enhancing existing strategies and developing new intervention measures including capacity building of healthworkers to improve child feeding practices must be mandatory actions for the government and policymakers.

Keywords: Complementary feeding; knowledge; Nepal; practice

INTRODUCTION

Child health is closely linked to the baby's nutritional status. The rate of malnutrition rises between 6 and 18 months—the complementary feeding period.¹ Complementary feeding is a practice started after six months of a child when breast milk alone is insufficient to meet the nutritional requirements of infants.² Subsequently, infant should consume nutritionally sufficient and nutritious complementary diets to fulfill their changing nutritional needs, while continuing to

breastfeed for up to two years or longer.³

Studies in Nepal have shown lack of knowledge about the right time of complementary feeding either to feed after or before 6 months and right practice of complementary feeds at first six months of a child with continued breastfeeding until twentyfour months.^{4,5} In this context, a study was conducted to assess the knowledge and practice of complementary feeding among the mothers of children of aged group 6 to 24 months in Tanahun District, Bhanu Municipality.

Correspondence: Ms Rakshya Khadka, Centre for Mental Health and Counselling-Nepal. Email: raks.khadka@gmail.com.

METHODS

A descriptive cross-sectional study was conducted among 158 mothers of children aged 6 to 24 months in Bhanu Municipality, Tanahu District, Nepal.

Data was collected in randomly selected wards (1 and 2) of Bhanu Municipality, Tanahu District, Nepal from January 2019 to February 2019.

Ethical permission was obtained from Nepal Health Research Council (NHRC) Reg. No. 788/2018 to conduct this study and approval for data collection was obtained from the Bhanu Municipality ward number 1 and 2. Signed informed written consent was taken from all respondents before enrolling them to the study.

The study participants were mothers of children of aged group 6 to 24 months the inclusion criteria were the mothers of children of age group 6- 24 months who were present and willing to participate on data collection day. Similarly, exclusion criteria were those respondents who were not interested to participate and the mothers who were absent on data collection day.

The sample size (n) was determined using Cochrane formula, assuming 50% women were aware about complementary feeding and 10% permissible at 95% confidence interval(CI). Our calculated sample size was 96.

Taking non-response rate of 15%, the total sample size was 110. The list of mothers of children aged group 6 to 24 months of ward 1 and 2 were obtained from Municipality. The total population of mothers of children aged 6 to 24 months in ward 1 and 2 was 161. Three of them were not present in their home. So, 158 participants were included in the study.

Reliability of the tools was assured by pretesting with 10% of the respondents of the total sample size. Pretesting was carried out in ward 1 of Bandipur municipality among 15 women and all necessary modification were made accordingly.

Data collection was done after taking oral and written consent using a semi-structured questionnaire via face-to-face interviews. Questionnaire used to collect data, was adopted from Food and Agricultural Organization (FAO)⁶ and some other questions were developed by the researcher as per the objective of the study. The questionnaires were divided into two groups.

Part 1. Demographic information (Age, ethnicity, educational status, source of income, occupation, position of current child)

Part 2. Questionnaires related to knowledge and practice regarding complementary feeding.

For assessing level of knowledge, we have categorized knowledge as adequate knowledge and inadequate. Altogether there are 5 dimensions to assess the total knowledge level i.e., opinion on Complementary feeding, appropriate month for CF, what nutrition is gained from CF, what is to be added on food to make more nutritious, how to influence the child to eat food. Every question has its own multiple answers, in the question where all the options were correct the mean value was calculated and recoded in two variables only. After computing the total score on knowledge, a value range from 3 to 8 was obtained which was then added and divided by 2 for a mean value which was 5.5. The value ranging from 3 to 5 was coded as inadequate knowledge. And the value ranging from 6 to 8 was coded as adequate knowledge.

For assessing practice, we have categorized practice in right practice and wrong practice. For calculating the total score, 4 dimensions were taken which include (exclusively breastfed up-to when, initiation of Complementary food, feeding frequency and dietary diversity). The answer for multiple response questions were again recoded by calculating mean value of each. Then computing the total score of each question of practice a value ranged from 2 to 6 was obtained which was further added and divided for mean value, the mean value was 4, and the value was then recoded and divided into two variables only. The respondent who did 2 to 3 right practice were respondent with doing Wrong practice, and the respondent who did 4 to 6 right practice were respondent doing right practice. And for Minimum Acceptable diet two variables: meal frequency and dietary diversity (WHO recommended)⁷ were computed and the frequency was calculated.

The WHO recommended infant feeding Guidelines are used for defining the different outcome variables. According to the WHO guideline the infant feeding Guideline are regrouped as:⁷ Group 1 (Grains, Tubers and Roots), Group 2 (Legumes and Nuts), Group 3 (Dairy Products), Group 4 (Flesh Food), Group 5 (Eggs), Group 6 (Vitamin A rich vegetables and fruits) and Group 7 (Other Fruits and Vegetables).

After the collection of data, it was checked thoroughly, edited and coded into different categories. Data was then entered and analysed in IBM Statistical Package for Social Sciences (SPSS) version 20. Data was organized and presented by applying the principles of descriptive statistics. Descriptive analysis was done and all categorical variables are presented as frequency and percentage. Clopper-pearson method was used to

estimate 95% confidence interval around proportion.

RESULTS

Table 1 and Figure 1 show the socio-demographic characteristics of the respondents. Out of 158 respondents, the majority of the population i.e. 88.0% was found to be between the age group 17 - 31 years, and around four-fifths of the child age was between 9 -24 months. More than half of the children were male i.e. 59.1%. Most of the respondents were from the

ethnicity of Janajati i.e. 36.1% and Dalit i.e. 31.6%. Likewise, mothers' educational status at primary level was 36.7% followed by secondary level at 30.4%. In the same way, the main source of income was the job/ employment which was highest of all at 39.2%. Similarly, most of the respondents were housewife i.e. 60.1% and only 10.8% of respondents were involved in agriculture. The maximum number of the children was the first child of the respondents i.e. 53.8% and only 2.5% of the child was the fourth child of the respondent.

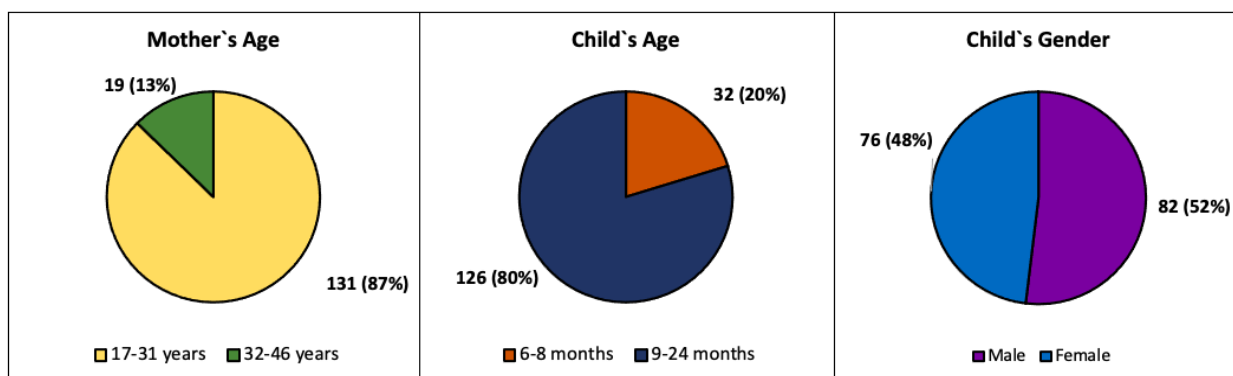


Figure 1. Mother`s Age, Child`s Age and Child`s Gender.

Table 1. Socio-demographic characteristics (n= 158).

Socio-Demographic variables	n (%)	Socio-Demographic variables	n (%)
Ethnicity		Position of the current child	
Brahmin	18 (11.4)	First	85(53.8)
Janajati	57 (36.1)	Second	59(37.3)
Dalit	50 (31.6)	Third	10 (6.3)
Others	33 (20.9)	Fourth	4 (2.5)
Educational status of Mother		Educational status of Father	
Illiterate	2 (1.3)	Illiterate	2 (1.3)
Literate	10 (6.3)	Literate	6 (3.8)
Primary level	58 (36.7)	Primary level	30(19.0)
Secondary level	48 (30.4)	Secondary level	58 (36.7)
Higher secondary	30 (19.0)	Higher secondary	52 (32.9)
Bachelor and above	10 (6.3)	Bachelor and above	10 (6.3)
Main source of Income		Mothers occupation	
Agriculture	8 (5.1)	Job	22(13.9)
Job/Employment	62 (39.2)	Housewife	95(60.1)
Business	31 (19.6)	Business	18 (1.4)
Foreign employment	44 (27.8)	Agriculture	17(10.8)
Others	13 (8.2)	Others	63.8 (10.8)

Table 2 shows the information about the knowledge of the respondent on complementary feeding. 100% of the respondents were found to hear about the complementary feeding, where, 66.2% and 7.0% have heard from the family members and neighbor respectively. Similarly, in terms of the respondents' opinion regarding complementary feeding, more than half of the population had adequate knowledge of the appropriate month to start CF. On asking the kind of nutrition their child gets from additional food, most of the respondents claimed Vitamin and Energy at 55.6% and 25.0% subsequently. 100% of respondents were well aware of the importance of exclusive breastfeeding and moving towards the reason for exclusive breastfeeding, 70.9% mothers recorded for additional nutrition, 17.7% mothers accounted that mother's milk alone is not sufficient whereas only 11.4% of mothers told for proper growth and development of the baby.

Table 3 shows the feeding practices done by the mothers to their child, where 57.6% of mothers had exclusively breastfed their child up to 6 months and just over a third of the mothers had fed their breast milk only up to 5 months. Near about three-fifths of mothers had started complementary food after 6 months to their child, 3.2 % of the child was started complementary food before 5 months and the reasons they told for introducing food before 5 months were that mother's milk wasn't enough whereas others said that mothers had to go to work leaving their child in the home, therefore, 5.1% of the child was feed after 8 months and they gave the reasons like mother's milk was enough and baby cannot digest the additional food. 28.5% of breastfeeding child was fed by complementary food 3 times a day whereas 2.5% of the non-breastfeeding child was fed more than 4 times a day. Likewise, 66.5% of mothers fed their child with solid food whereas 33.5% of mothers fed with semi-solid food to their child.

Table 2. Knowledge about Complimentary Feeding (n=158).

Questions	n (%)	Questions	n (%)
Have you heard about CF?		Importance of EBF	
Yes	158 (100)	Yes	158 (100.0)
No	0 (0.0)	No	0 (0.0)
If yes, then from whom?*		If yes then why?*	
Friends	21 (9.2)	For additional nutrition	112 (70.9)
Family members	151 (66.2)	Mothers milk alone is not enough	28 (17.7)
Health workers	39 (17.1)	For proper growth and development of baby	18 (11.4)
Neighbors	16 (7.0)	Addition of other substances to make food more nutritious*	
Others	1 (0.4)	Ghee	123 (31.7)
Media used for information*		Flesh and meat	13 (3.4)
Radio	43 (18.7)	Green leafy vegetables	28 (7.2)
T. V	131 (57.0)	Beans and vegetable	67 (17.3)
Newspaper	30 (13.0)	Others (daal)	157 (40.5)
Others	11 (11.3)		
In your opinion what is CF?*		Appropriate month for CF	
Feeding child with additional food along with mother's milk.	156 (54.3)	After 5 months	61 (38.6)
Feeding with cattle milk	105 (36.6)	After 6 months	91 (57.6)
Additional feeding of fruits and vegetable	20 (7.0)	After a year	6 (3.8)
Others	6 (2.1)		
Nutrient get from additional food*		Influencing child to eat*	
Vitamin	129 (55.6)	Clapping hand	49 (26.3)
Protein	41 (17.7)	Making funny face	32 (17.2)
Minerals	4 (1.7)	Acting like feeding to others	71 (41.4)
Others	58 (25.0)	Others (mobile)	28 (15.1)

*Multiple response

Table 3. Practice on Complementary Feeding (n=158).

Questions	n (%)	Questions	n (%)
Exclusively breastfed up to		Started CF	
3 months	4 (2.5)	Before 5 months	5 (3.2)
5 months	56 (35.4)	After 5 months	55 (34.8)
6 months	91 (57.6)	After 6 months	90 (57.0)
8 months	4 (2.5)	After 8 months	5 (3.2)
1 year	3 (1.9)	After 1 year	3 (1.9)
Frequency of Feeding to breastfeeding child		Reasons for starting before 5 months (n=5)	
2 times	32 (20.3)	Mothers milk was not produced	2 (40)
3 times	45 (28.5)	Mothers have to go for work	2 (40)
4 times	43 (27.2)	Mothers leave home and child	1(20)
More than 4 times	4 (19.0)	Reasons for starting after 8 months (n=8)	
To non-breastfeeding child		Mother milk was enough	6 (75)
2 times	1 (0.6)	Baby cannot digest additional food	2 (25)
3 times	2 (1.3)	Consistency of food	
4 times	1 (0.6)	Solid	105 (66.5)
More than 4 times	4 (2.5)	Semi-solid	53 (33.5)

Regarding the diversity of food, 28.4% of child were fed by group 1 food (Jaulo, Sarbottampithho, rice and bread), 26.2% of the child was fed with group 3 food which included animals' milk, packet milk, curd, etc. and only 4.7% of the child was fed with group 2 and group 6 food which included nuts, seeds, peas, pumpkin, papaya, mangoes, and green leafy vegetables.(Table 4)

Table 4. Diversity of Food.

Diversity of Food*	n(%)
Group 1	145 (28.4)
Group 2	24 (4.7)
Group 3	134 (26.2)
Group 4	35 (6.8)
Group 5	58 (11.4)
Group 6	24 (4.7)
Group 7	91 (17.8)

*Multiple response

Figure 1 shows that among 158 children, 82.9%(95%CI: 76.1,88.4) of the child was able to meet minimum acceptable diet and the remaining 17.1%(11.6, 23.9) of the child was not able to meet. The value was computed by the standard formula given by WHO, i.e. Breastfed children 6-24 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day / Breastfed children 6-24 months of age.

Non-breastfed children 6-24 months of age who

received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day / Non-breastfed children 6-24 months of age.

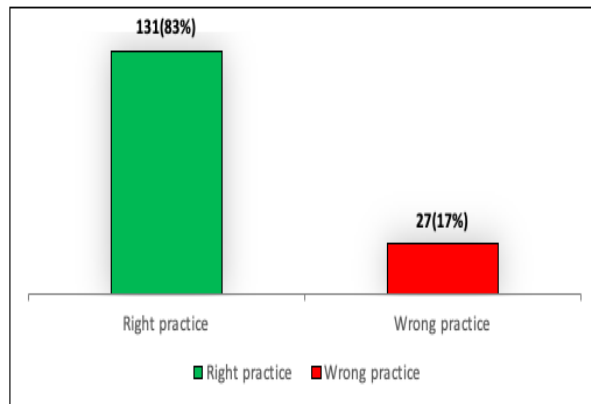


Figure 2. Minimum Acceptable Diet (n=158).

After recoding, out of 158 respondents, 26.6%(95%CI:19.9,34.2) of the respondents had adequate knowledge and 73.4%(95%CI: 65.8,80.1) of the respondents had inadequate knowledge on complementary feeding. (Figure 2) It shows that 51.9%(95%CI: 43.8, 59.9) of the respondents did the right practice on complementary feeding whereas 48.1%(95%CI: 40.1,56.2) of the respondents were found to be doing wrong practice on complementary feeding. (Figure 3)

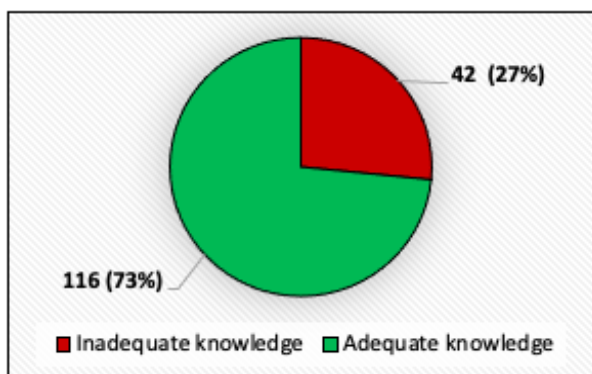


Figure 3. Level of knowledge on CF (n=158).

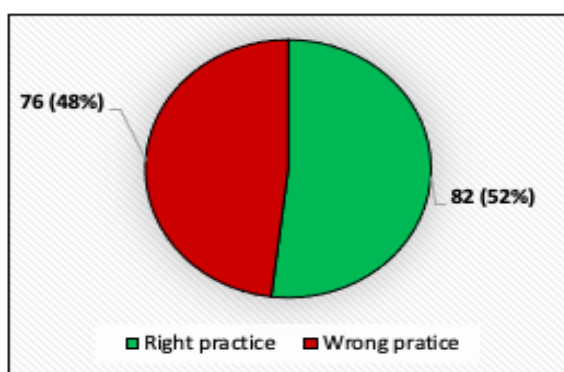


Figure 4. Practice on CF (n=158)

DISCUSSIONS

Complementary feeding is one of vital indicators to improve the nutritional status of the children, which aims in proper growth and development of the child.⁸ Malnutrition is a major concern in Nepal, as approximately 36% of children under the age of five suffer from chronic malnutrition (stunting or low height-for-age) and 10% suffer from acute malnutrition (wasting or low weight-for-height).⁹

Some of the feeding recommendations are focused more on tradition and speculation than on scientific evidence, or on issues such as the order of foods introduced and the quantities of particular foods to be provided are far more directive than is appropriate. A collection of unified, scientifically validated recommendations that can be adapted to local feeding practices and conditions is needed to prevent misunderstanding. The main aim of this study was to find the level of knowledge and practice regarding complementary feeding among the mothers of children age group 6 to 24 months in Bhanu Municipality, Tanahu District, Nepal.

A study done in Gonida District of India in 2009 showed that 52.8% of mothers had good knowledge to start complementary food after six months which was quite

similar to our study, where, 57.6% of the respondents had knowledge about when to start complementary food to their children.¹⁰ In the study site, complementary feeding is started a month earlier in a baby girl as compared to baby boy. The time of starting complementary feeding to the child depends on their gender in our culture. This might be one of reason for not starting the complementary feeding in right time in the study findings. Hence culture might be one of the observed to be the barrier.

In 2010, a hospital based cross-sectional study was conducted in Kanti Children Hospital which showed that 33.27% of mothers fed their children with proper frequency as per the child age.⁵ Another study in western Nepal showed the proportion of young children receiving minimum meal frequency was reasonably high (84 %) and it was seen in this study to be at 74.7%.¹¹ In above studies one of the results is better and other is unsatisfactory as compared to this study findings. Another study in Bangladesh among 2,482 children on feeding practices showed that 62.4% of the children got complementary food along with the mother's milk whereas our study depicted that 74.7% of the child got the complementary food along with the mother's milk.¹² The result in the above study is analogous to this study.

An article published in Kathmandu University Medical Journal 2007, showed that out of 40% mothers, started complementary feeding before the recommend age of 6 months and 25.5% delayed the introduction of complementary feeding beyond the recommend age.¹³ Thus, it is observed that there is need to educate the mothers regarding the proper feeding practice. Compared to this study 38% of the mothers started feeding before 6 months and 5.1% delayed the introduction of complementary feeding which is quite similar.

Moving towards minimum acceptable diet, our study delineated that 83% of children were able to meet minimum acceptable diet while in NDHS 2011 only 26.5% of child were able to meet the minimum acceptable diet.¹⁴ A cross sectional study conducted in western Nepal where 178 mothers gave face to face interview showed that the proportion of young children receiving minimum meal frequency was significantly high (84 %) as compared to the current findings in this study which was 74.7%, whereas meal diversity (35 %) and minimum acceptable diet (33 %) was observed to be low but the result of this study is higher in terms of minimum acceptable diet which is 82.9%.¹⁰ In contrast to this study, Pakistan's several studies on complementary feeding in which maternal and child nutrition had reviewed their DHS 2012-2013 (Demographic Health survey) among

2,827 children of age 6-23 month which showed that, the proportion of children meeting minimum meal frequency, dietary diversity (MDD), and acceptable diet criteria were 63%, 22% and 15%, respectively.¹⁵ The results on minimum acceptable diet on above three studies were lower than the findings in this study.

Similarly, another study from Pakistan conducted among others of children aged 6-23 months of age interviewed using the infant and young child feeding questionnaire for complimentary feeding indicators, minimum dietary diversity was adequate in 42.6% children, minimum meal frequency in 50.9% children, and minimum acceptable diet in 35.6% children. Minimum acceptable diet was significantly associated with area of residence, birth order of child, and standard of living index; minimum meal frequency was significantly associated with area of residence, sex of child, and literacy status of mother; minimum acceptable diet was significantly associated with area of residence, sex of child, birth order of child, and standard of living.¹⁶ Another study, revealed that the percentage of 6-23 months of children who meet the recommended level of minimum dietary diversity and meal frequency were 27.3 and 68.9%, respectively.¹⁷

In order to resolve the difference between knowledge and practice, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasized exclusive breastfeeding (EBF) addressing the gap between knowledge and practice, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasized exclusive breastfeeding (EBF) for 180 days and the addition of complementary foods with continuous breastfeeding at six months of age until the infant becomes two years of age. The proximate causes of malnutrition during the first two years of life are inadequate feeding habits, combined with high rates of infectious diseases. The second half of the first year of infancy is particularly vulnerable when breast milk alone is no longer adequate to meet his / her nutritional requirements and CF should be started.¹⁸ Strengthening the available strategies and creating new intervention measures to improve socioeconomic status, maternal literacy and occupation opportunity for better practices of child feedings are compulsory actions for the government and policymakers.

CONCLUSIONS

Despite the good level of knowledge about complementary feeding, the wrong practice was prevalent in about half of the mothers. We must apply key effective strategies to improve knowledge and practice of proper complementary feeding practices. Primarily, social and behavioural change communication can improve infant

and young child nutrition.

CONFLICT OF INTEREST: None

REFERENCES

1. World Health Organization. Complementary Feeding. 2001. Available at : https://www.who.int/nutrition/publications/Complementary_Feeding.pdf
2. World Health Organization. Report of The Expert Consultation on The Optimal Duration of Exclusive Breastfeeding. The Optimal Duration Exclusive Breastfeeding. 2001. 28–30 p. Available at : https://apps.who.int/iris/bitstream/handle/10665/67219/WHO_NHD_01.09.pdf?ua=1
3. World Health Organization. Appropriate complementary feeding. WHO. 2019. Available at : https://www.who.int/elena/titles/complementary_feeding/en/
4. Paudel RK, Basaula YN, Tiwari S. Knowledge and practice of mothers of under two years children on complementary feeding at Bharatpur Hospital, Chitwan, Nepal. *Journal of Advanced Academic Research*. 2017;4(1):111-6. [[Download PDF](#)] [[Google Scholar](#)]
5. Chapagain RH. Factors affecting complementary feeding practices of Nepali mothers for 6 months to 24 months children. *J Nepal Health Res Counc*. 2013;11(24):205-7. [[Download PDF](#)] [[Google Scholar](#)]
6. FAO complementary feeding. JUNE 2011 [Internet]. Available from: <https://www.google.com/search?q=fao+complementary+feeding&oq=FAO+COMPLE&aqs=cchrome..69i57j0i22i30i457j0i22i30i5.6612j0j15&sourceid=chrome&ie=UTF-8>
7. World Health Organization. Indicators for assessing infant and young child feeding practices. 2007. Available at: https://apps.who.int/iris/bitstream/handle/10665/43895/9789241596664_eng.pdf?sequence=1
8. Stewart CP, Iannotti L, Dewey KG, Michaelsen KF, Onyango AW. Contextualising complementary feeding in a broader framework for stunting prevention. *Matern Child Nutr*. 2013 ;9 (Suppl 2):27-45. [[Google Scholar](#)] [[Article](#)]
9. USAID. Nepal: Nutrition Profile. 2018 Feb. Available at: <https://www.usaid.gov/sites/default/files/documents/1864/Nepal-Nutrition-Profile-Mar2018-508.pdf>
10. Taksande A, Tiwari S, Kuthe A. Knowledge and attitudes of Anganwadi supervisor workers about infant (breastfeeding and complementary) feeding in Gondia district. *Indian J Community Med*. 2009;34(3):249-51. [[Google Scholar](#)] [[Article](#)]

11. Gautam KP, Adhikari M, Khatri RB, Devkota MD. Determinants of infant and young child feeding practices in Rupandehi, Nepal. *BMC Res Notes*. 2016;9:135. [[Download PDF](#)] [[Google Scholar](#)] [[Article](#)]
12. Miharshahi S, Kabir I, Roy SK, Agho KE, Senarath U, Dibley MJ, South Asia Infant Feeding Research Network (SAIFRN)*. Determinants of infant and young child feeding practices in Bangladesh: secondary data analysis of Demographic and Health Survey 2004. *Food Nutr Bull*. 2010;31(2):295-313. [[Google Article](#)] [[Article](#)]
13. Subba SH, Chandrashekhar TS, Binu VS, Joshi HS, Rana MS, Dixit SB. Infant feeding practices of mothers in an urban area in Nepal. *Kathmandu Univ Med J*. 2007;5(1):42-7. [[Google Article](#)] [[Article](#)]
14. Khanal V, Sauer K, Zhao Y. Determinants of complementary feeding practices among Nepalese children aged 6-23 months: Findings from demographic and health survey 2011. *BMC Pediatr*. 2013;13(1):1-3. [[Google Scholar](#)] [[Article](#)]
15. Na M, Aguayo VM, Arimond M, Stewart CP. Risk factors of poor complementary feeding practices in Pakistani children aged 6–23 months: A multilevel analysis of the Demographic and Health Survey 2012–2013. *Matern Child Nutr*. 2017;13(Suppl 2):e12463. [[Google Scholar](#)] [[Article](#)]
16. Ahmad I, Khalique N, Khalil S, Urfi, Maroof M. Complementary feeding practices among children aged 6-23 months in Aligarh, Uttar Pradesh. *J Family Med Prim Care*. 2017;6(2):386-391. [[Google Scholar](#)] [[Article](#)]
17. Mekonnen TC, Workie SB, Yimer TM, Mersha WF. Meal frequency and dietary diversity feeding practices among children 6-23 months of age in Wolaita Sodo town, Southern Ethiopia. *J Health Popul Nutr*. 2017;36(1):18. [[Google Scholar](#)] [[Article](#)]
18. World Health Organization. Infant and young child feeding: model chapter for textbooks for medical students and allied health professionals. 2009. Available at: https://apps.who.int/iris/bitstream/handle/10665/44117/9789241597494_eng.pdf?ua=1