

Assessment of Maternal Knowledge, Attitudes, and Infant Feeding Practices: A Cross-Sectional Study

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Received: 01-04-2026 / Revised: 15-05-2026 / Accepted: 21-06-2026

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Conflict of interest: Nil

Abstract

Background: Appropriate infant and young child feeding (IYCF) practices during the first two years of life are fundamental for ensuring optimal growth, neurodevelopment, and long-term health. Although evidence-based recommendations on breastfeeding and complementary feeding are widely disseminated, gaps often persist between maternal knowledge and actual feeding practices. Understanding these gaps is essential for designing effective educational and public health interventions.

Objectives: To evaluate maternal knowledge, attitudes, and practices regarding infant and young child feeding among mothers of children aged 6–24 months attending a tertiary care teaching hospital and to identify the disparity between knowledge and actual feeding practices.

Materials and Methods: A hospital-based cross-sectional study was conducted among 200 mothers of children aged 6–24 months attending the Immunization Clinic and Pediatric Outpatient Department of Sri Chamundeshwari Medical College Hospital and Research Institute (SCMCH&RI), Channapatna, Karnataka, between November 2022 and April 2024. Participants were recruited using predefined eligibility criteria after obtaining informed consent. Data were collected using a pretested semi-structured questionnaire based on World Health Organization (WHO) recommendations for infant and young child feeding practices. The questionnaire assessed maternal knowledge, attitudes, and feeding practices. Data were entered into Microsoft Excel and analysed using SPSS version 20. Descriptive statistics were expressed as frequencies and percentages. Associations between variables were evaluated using the Chi-square test and Student's t-test, with a p-value <0.05 considered statistically significant.

Results: Among the 200 participating mothers, 95% correctly identified the importance of colostrum, 90% knew the recommended time for initiation of breastfeeding, and 85% were aware of the recommended duration of exclusive breastfeeding and the appropriate age for introducing complementary feeding. Despite satisfactory knowledge, recommended practices were considerably lower. Only 55% initiated breastfeeding within one hour of birth, while 61.5% breastfed their infants at least eight times during the first month. Although 85% of mothers knew complementary feeding should begin at six months, only 24% initiated complementary feeding at the recommended age, whereas 70% introduced complementary foods before six months and 6% delayed introduction beyond six months. Homemade foods, particularly rice gruel (47.5%) and ragi preparations (35%), were the most commonly used first complementary foods. Institutional delivery was significantly associated with timely initiation of breastfeeding and appropriate feeding practices ($p < 0.0001$).

Conclusion: The study demonstrates that maternal knowledge and attitudes towards infant and young child feeding were generally satisfactory; however, adherence to recommended feeding practices remained suboptimal. The substantial gap between knowledge and practice highlights the need for structured counselling during antenatal and postnatal care, continuous community-based nutrition education, and active involvement of family caregivers to improve compliance with WHO-recommended infant feeding practices.

Keywords: Infant and Young Child Feeding (IYCF), Breastfeeding, Complementary Feeding, Maternal Knowledge, Maternal Attitude, Feeding Practices, Child Nutrition, Cross-Sectional Study.

DOI: 10.25258/ijcpr.18.7.208

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Introduction

In first six months of life breast milk should be fed alone and must remain the first food for infants [1, 2]. From then onwards it should be complemented with other sources of nutrition until at least 2 years of age [3, 4].

The early stages of a child's life, when all parts of the infant are growing physically, mentally and socially, are very important, which requires an optimal supply of energy and nutrients to the body [5, 6]. Therefore, adequate and balanced supply of nutrients is highly required to prevent malnutrition, which can affect the health and development of the child, and impairs the intelligence, educability and productivity of the baby. It also leads to a heightened risk of chronic non-communicable diseases in the later life.

Weaning or complementary feeding after 6 months is extremely important due to high risk of micronutrient deficiencies and malnutrition. Weaning means 'to accustom to' or 'to free from a habit'. It is the process to accustom the baby to semisolids and solids in order to gradually free the baby from the habit of sucking at the breast. Weaning is defined as 'the systematic process of introduction of suitable food at the right time in addition to mother's milk in order to provide needed nutrients to the baby' (UNICEF, 1984). The term 'complementary feeding' is now preferred because weaning implies abrupt stoppage of breastfeeding, at least to some mothers [7].

According to the World Health Organization (WHO), complementary feeding should be timely, adequate, appropriate and given in sufficient quantity [8]. It is well recognized that the period of 6 to 24 months of age is one of the most critical time periods in the growth of the infant. The incidence of stunting is the highest in this period, as children have high demand for nutrients and there are limitations in the quality and quantity of available foods, especially after exclusive breastfeeding.

Globally, severe acute malnutrition is the leading cause of death in under-five children. The greatest risk of undernutrition occurs during intrauterine life, infancy and early childhood which makes the first 1000 days a window of opportunity to address malnutrition [9]. The other contributing factors to malnutrition include inadequate dietary diversity together with limited meal frequency, inadequate infant and young child feeding practices (IYCF), early and frequent childbearing and limited access to health services.

Hence, good knowledge, and positive attitude of the mothers on proper infant, and young child feeding practice is very crucial to maintain, promote the

health and nutritional status of the children [10,11,12,13,14].

Most of the studies conducted in India have focused on mainly the breastfeeding aspects and not the dietary diversity and diet frequency aspects, which are important in IYCF. So this study is conducted to assess mother's knowledge regarding infant feeding and to assess the attitude and practices towards the recommended feeding practices.

Materials and Methods

Study Design and Setting: A hospital-based analytical cross-sectional study was conducted in the Department of Pediatrics at Sri Chamundeshwari Medical College Hospital and Research Institute (SCMCH&RI), Channapatna, Karnataka, India. The study was carried out over an 18-month period from November 2022 to April 2024 in the Pediatric Outpatient Department (OPD) and Immunization Clinic, where mothers routinely visit for child healthcare services and immunization.

Study Population: The study population comprised mothers of children aged 6–24 months attending the Pediatric OPD and Immunization Clinic during the study period. Eligible participants were approached consecutively, and those willing to participate were enrolled after obtaining written informed consent.

Eligibility Criteria

Inclusion Criteria

- Mothers having children aged 6–24 months.
- Mothers attending the Pediatric OPD or Immunization Clinic of SCMCH&RI during the study period.
- Mothers who provided written informed consent.

Exclusion Criteria

- Mothers with a diagnosed psychiatric illness or puerperal psychosis that could interfere with participation.
- Mothers who declined to provide informed consent.

Sample Size: The sample size was calculated using the standard formula for estimating a single population proportion:

$$n = Z^2 \times p \times (1 - p) / d^2$$

Where Z represents the standard normal deviate at a 95% confidence level, p was assumed to be 0.50 to obtain the maximum sample size, and d represented the desired absolute precision. Based on this calculation and the expected patient attendance

during the study period, a final sample of 200 mothers was included in the study.

Sampling Technique: Eligible participants were recruited from mothers attending the Pediatric OPD and Immunization Clinic during the study period. Mothers meeting the inclusion criteria were enrolled until the predetermined sample size of 200 participants was achieved.

Study Instrument: Data were collected using a pretested semi-structured questionnaire developed to assess maternal knowledge, attitudes, and practices regarding Infant and Young Child Feeding (IYCF). The questionnaire was designed in accordance with the World Health Organization recommendations on infant and young child feeding and consisted of four sections:

1. Sociodemographic characteristics.
2. Maternal knowledge regarding recommended IYCF practices.
3. Maternal attitudes towards breastfeeding and complementary feeding.
4. Infant feeding practices followed by the participants.

The questionnaire included items on early initiation of breastfeeding, exclusive breastfeeding, duration of breastfeeding, timing of complementary feeding, complementary food choices, meal frequency, dietary diversity, hygienic food preparation, and feeding behaviours.

Data Collection Procedure: Eligible mothers were interviewed individually by the investigators after obtaining informed consent. Interviews were conducted in a private setting to ensure confidentiality and minimize response bias. Information regarding breastfeeding practices, complementary feeding, maternal attitudes, and infant feeding behaviour was recorded using the standardized questionnaire. Whenever inappropriate feeding practices were identified, appropriate nutritional counselling and health education were provided after completion of the interview.

Study Variables: Primary Outcome Variables

- Maternal knowledge regarding Infant and Young Child Feeding.
- Maternal attitude towards recommended feeding practices.
- Maternal infant feeding practices.
- Explanatory Variables

- Maternal age.
- Educational status.
- Occupation.
- Parity.
- Religion.
- Place of delivery.
- Child's age.
- Child's sex.
- Source of information regarding infant feeding.

Outcome Measures: Knowledge was assessed based on awareness of WHO-recommended infant feeding practices, including colostrum feeding, initiation of breastfeeding, duration of exclusive breastfeeding, and timing of complementary feeding, continued breastfeeding, and meal frequency. Attitude was evaluated using statements related to recommended feeding practices, with responses categorized as agree, disagree, or neutral. Practice was assessed by documenting actual feeding behaviours, including timing of breastfeeding initiation, frequency of breastfeeding, and duration of exclusive breastfeeding, age at introduction of complementary feeding, types of first complementary foods, meal frequency, snack consumption, and hygiene practices during food preparation.

Statistical Analysis: Data were entered into Microsoft Excel and analysed using Statistical Package for the Social Sciences (SPSS) version 20. Continuous variables were summarized using appropriate descriptive statistics, while categorical variables were presented as frequencies and percentages. Associations between categorical variables were evaluated using the Chi-square test, and comparisons of continuous variables were performed using Student's t-test where applicable. A two-tailed p-value of <0.05 was considered statistically significant.

Results

Participant Characteristics: A total of 200 mothers of children aged 6–24 months were enrolled in the study. All participants completed the questionnaire and were included in the final analysis.

Age Distribution of Children: Among the enrolled children, 86 (43.0%) were aged 6–12 months, 67 (33.5%) were 13–18 months, and 47 (23.5%) were 19–24 months.

Table 1: Age Distribution of Children (n = 200)

Age Group	Number	Percentage (%)
6–12 months	86	43.0
13–18 months	67	33.5
19–24 months	47	23.5
Total	200	100.0

Gender Distribution: Of the 200 children included in the study, 105 (52.5%) were females and 95 (47.5%) were males.

Table 2: Gender Distribution of Children

Gender	Number	Percentage (%)
Male	95	47.5
Female	105	52.5
Total	200	100.0

Sources of Information Regarding Infant and Young Child Feeding: Family members and friends constituted the most common source of information regarding infant feeding practices (63.5%), followed

by healthcare professionals (59.5%). Media and printed literature contributed to information acquisition in 25.5%, whereas 21.5% of mothers relied on previous personal experience.

Table 3: Sources of Information Regarding Infant and Young Child Feeding

Source of Information*	Number	Percentage (%)
Family members/Friends	127	63.5
Healthcare professionals	119	59.5
Media/Literature	51	25.5
Previous experience	43	21.5

*Multiple responses were permitted.

Maternal Knowledge Regarding Infant and Young Child Feeding: Most mothers demonstrated satisfactory knowledge regarding recommended infant feeding practices. Awareness regarding the importance of colostrum was observed in 95.0% of participants. Knowledge regarding early initiation of breastfeeding was reported by 90.0%, while 85.0%

correctly identified the recommended duration of exclusive breastfeeding and the appropriate timing for introducing complementary feeding. Knowledge regarding continuation of breastfeeding until two years or beyond was reported by 92.0%, whereas 79.5% recognized the importance of providing snacks between meals.

Table 4. Maternal Knowledge Regarding Infant and Young Child Feeding

Knowledge Variable	Mothers with Correct Knowledge (n)	Percentage (%)
Importance of colostrum	190	95.0
Early initiation of breastfeeding	180	90.0
Recommended duration of exclusive breastfeeding	170	85.0
Appropriate age to initiate complementary feeding	170	85.0
Recommended duration of continued breastfeeding	184	92.0
Importance of snacks between meals	159	79.5

Maternal Attitudes towards Infant and Young Child Feeding: The majority of participants expressed favourable attitudes towards recommended infant feeding practices. Positive attitudes were observed regarding initiation of breastfeeding immediately after birth (88.5%), continuation of breastfeeding for at least two years (85.5%), breastfeeding eight or more times daily

(90.0%), provision of a balanced diet (90.5%), and regular consumption of fruits and vegetables (80.0%).

However, comparatively fewer mothers agreed that exclusive breastfeeding should continue for six months (66.5%) and that complementary feeding should commence at six completed months (60.5%).

Table 5: Maternal Attitudes Towards Infant and Young Child Feeding

Statement	Agree (%)	Disagree (%)	Neutral (%)
Breastfeeding should begin immediately after birth	88.5	6.0	5.5
Exclusive breastfeeding should continue up to six months	66.5	24.0	9.5
Infants may receive other foods before six months	55.0	25.0	20.0
Complementary feeding should begin after six months	60.5	25.0	14.5
Breastfeeding should continue for two years or longer	85.5	9.5	5.0
Breastfeeding should occur ≥ 8 times daily	90.0	3.0	7.0
Balanced meals should include all food groups	70.5	18.0	11.5
Snacks should be provided between meals	60.5	15.5	24.0
Fruits and vegetables should be offered regularly	80.0	12.0	8.0
Balanced food prevents malnutrition	90.5	4.0	5.5
Starchy foods alone prevent malnutrition	44.5	30.0	25.5
Indigenous fruits and vegetables promote health	77.0	8.0	15.0
Diseases such as diarrhoea and malaria contribute to malnutrition	71.0	10.0	19.0

Infant and Young Child Feeding Practices:

Despite satisfactory knowledge levels, adherence to recommended feeding practices varied considerably.

Breastfeeding was initiated within one hour of birth in 110 mothers (55.0%), whereas 90 (45.0%) initiated breastfeeding after one hour. During the first month of life, 123 mothers (61.5%) breastfed their infants at least eight times per day.

Exclusive breastfeeding for six months was practiced by 61 mothers (30.5%), while 139 (69.5%) introduced foods or fluids before six months.

Regarding hygiene during food preparation, 97 mothers (48.5%) reported washing their hands with soap before cooking. Breastfeeding had not been

discontinued before 24 months in 161 mothers (80.5%). Among those who discontinued breastfeeding earlier, the reasons included inadequate breast milk (9.5%), pregnancy (7.0%), and maternal illness or child refusal (3.0%).

Complementary feeding was introduced before six months in 140 mothers (70.0%), at six months in 48 mothers (24.0%), and after six months in 12 mothers (6.0%). Rice gruel (Ganji) was the most common first complementary food (47.5%), followed by ragi (35.0%) and commercially prepared infant cereals (13.0%).

Most children (90.0%) received complementary foods at least three times daily, while 82.0% were provided snacks between meals.

Table 6: Infant and Young Child Feeding Practices

Practice Variable	Number	Percentage (%)
Breastfeeding initiated within 1 hour	110	55.0
Breastfeeding initiated after 1 hour	90	45.0
Breastfeeding ≥ 8 times/day	123	61.5
Exclusive breastfeeding for six months	61	30.5
Hand washing with soap before cooking	97	48.5
Continued breastfeeding beyond one year	161	80.5
Complementary feeding before six months	140	70.0
Complementary feeding at six months	48	24.0
Complementary feeding after six months	12	6.0
Rice gruel as first complementary food	95	47.5
Ragi as first complementary food	70	35.0
Commercial infant cereals	26	13.0
Feeding three or more times daily	180	90.0
Snacks between meals	164	82.0

Comparison between Maternal Knowledge and Feeding Practices: A marked difference was observed between maternal knowledge and the implementation of recommended infant feeding practices. Although 90.0% of mothers knew that breastfeeding should be initiated within one hour of birth, only 55.0% practiced early initiation.

Similarly, while 85.0% of mothers correctly identified the recommended duration of exclusive

breastfeeding and the appropriate age for introducing complementary feeding, only 30.5% exclusively breastfed for six months, and 24.0% initiated complementary feeding at the recommended age. Continuation of breastfeeding until at least two years was supported by both knowledge (92.0%) and practice (80.5%). The practice of providing snacks between meals (82.0%) was also comparable to maternal knowledge (79.5%).

Table 7: Comparison of Maternal Knowledge and Actual Feeding Practices

Feeding Indicator	Adequate Knowledge (%)	Appropriate Practice (%)
Early initiation of breastfeeding	90.0	55.0
Exclusive breastfeeding for six months	85.0	30.5
Complementary feeding at six months	85.0	24.0
Continued breastfeeding up to two years	92.0	80.5
Snacks between meals	79.5	82.0

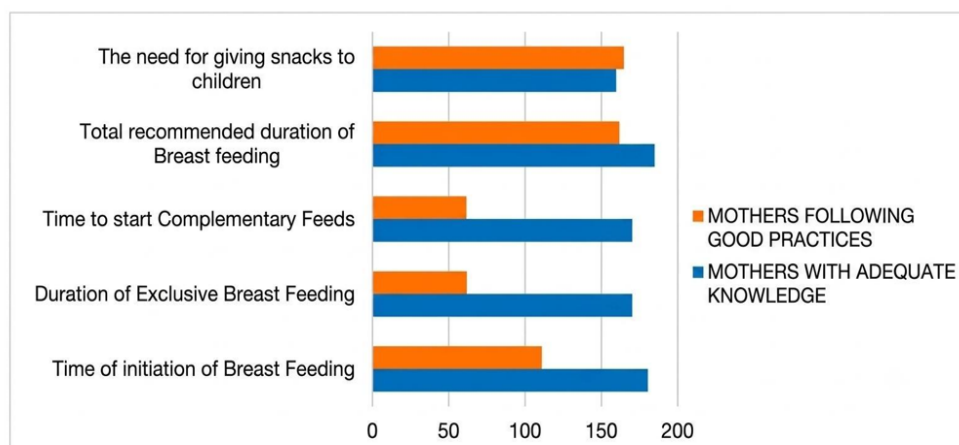


Figure 1: Comparison of Knowledge and Practices of Mothers with Regard to Certain Child Feeding Habits

Association Analysis: Statistical analysis demonstrated a significant association between institutional delivery and timely initiation of breastfeeding ($p < 0.0001$). Institutional delivery was also significantly associated with appropriate breastfeeding frequency. Younger maternal age was significantly associated with better hygienic feeding practices ($p < 0.0001$), while parity demonstrated a significant association with hygiene practices ($p = 0.007$). No statistically significant associations were observed between maternal education, occupation, religion, and the timing of initiation of complementary feeding ($p > 0.05$).

Discussion

Infant and young child feeding (IYCF) practices include early initiation of breast feeding within one hour of life, timely introduction of solid/semi solid foods from the age of six months increasing in amount and frequency over time along with breast feeding as demanded by child.

The present study was a cross sectional study among the mothers having children between 6 – 24 months of age about their knowledge, attitude and practice towards infant and young child feeding.

The present study included 200 mothers visited the outpatient department of pediatrics or vaccination clinic of SCMCH&RI Channapatna during the study period. About 85% of mothers had knowledge that complementary feeding should be started at 6 months of age which is comparable to WHO guidelines. This is in contrast to the study done by Aggarwal A et al in Delhi (46%).

The study revealed that most of the mothers knew the time of initiation of complementary feeding but ideal practices being carried out by them were found to be very low.

It was found in the study that 43% were at the age group of 6 months to 12 months, 33.5% were between 13 months to 18 months and 23.5% were at the age group of 18 months to 24 months. The age

distribution seemed satisfactory as all age groups were included in the study. It was observed that female children were more than male (52.5% and 47.5%) in our study. The male female ratio of this study group of children was 100:110

Most of the participants in this study were of age group of 18 to 30 years (85.5%). This age group is the most common reproductive age in our country. But this result contradicts the findings in developed countries where most of the women get married and give births late. Dratva et al. described the feeding characters of the mothers and found that 68.0% were of age group 30-39 years and only 27.0% were of 20-29 years. This finding shows the difference between the developing and developed world in terms of marriage age and child bearing pattern. Most of the participants of this study were Hindus followed by Muslims and Christian (70%, 28.5%, 1.5% respectively). This reflects the religion system in our country where Hindu are a big majority followed by Muslims and others.

Though literacy rate of our country is low (74%) and even lower in females (64.6%), most of the participants in our study had some forms of education with majority of them (63.5%) having education of some secondary level. This may be due to the fact that educated mothers seek medical help more often than the uneducated mothers.

It was observed in the study that 85% mothers had knowledge of duration about the exclusive breast feeding and 15% mothers did not have the knowledge about it. It is encouraging to note that the percentage of mothers who knew the duration of exclusive breast feeding was found to be high (85%). However, it seems that having knowledge alone is not enough to realize the knowledge into practices in the community. For instances, the percentage of mothers practicing exclusive breastfeeding as per recommendation observed in this study was much lower (30.5%) than expected.

It shows the gap between knowledge and practice is high despite the fact that promotion of breastfeeding and regulation of the unauthorized or unsolicited sale and distribution of breast milk substitutes. (Ministry of Health and Family welfare). Our result is comparable with global situation. Worldwide, it is estimated that only 34.8% of infants are exclusively breastfed for the first 6 months of life and majority of them receive some other foods or fluids in the early months of life [15].

The source of information regarding the appropriate age and the type of the complementary feeds to be started was obtained in majority (127, 63.5%) of the mothers from family and friends mostly the mother-in-law who were the primary caregivers for both mother and the child.

This is comparable to the study done by Engle PL et al from UNICEF country office, New Delhi, in Andhra Pradesh which emphasized the role of mothers-in-law in the decision making about the timing and the type of complementary feeds to be started. Similar results obtained in NFHS IV data 2015-2016 regarding the role of grandmothers in decision making. The information was obtained from health personnel including doctors, sisters, and anganwadi workers in 119 mothers (59.5%). The role of literature and media in the knowledge of the mothers was minimal (25.5%). For the rest of the mothers the source of information was either through self/previous experience. Though 85% of mothers had appropriate knowledge of starting complementary feeds, only 48 mothers (24%) started complementary feeding at 6 months, majority of them initiated below 6 months (70%) and 12 mothers (6%) delayed complementary feeding to more than 6 months. This is in comparison to the results obtained in the study done by Mahmood SE and Srinivastava which showed majority (48%) of the mothers practicing early complementary feeding before 6 months [17].

In this study 24% of the mothers started complementary feeding at 6 months which is more than the studies done by Monish Chaturvedi et al in Agra (20%) and Aggarwal A et al in Delhi (17.5%). This may be due to better knowledge, educational and socioeconomic status of the mothers included in this study [18].

In the present study majority of the mothers (85%) started complementary feeding with homemade foods. In which majority "RICE GANJI" (47.5%), "RAGI" (35%),

"MASHED POTATO" (1%), "MASHED BANANA" (1%) were used as initial complementary feeds. None of the mothers used egg, meat or other non-vegetarian foods as initial complementary feeds. This study showed that about 15% of the mothers used commercial readymade

foods like "CERELAC", "NESTUM", "FAREX" as the initial complementary foods, which is less compared to that in the study conducted by Pant and Chothia in New Delhi but more compared to the study conducted by Banapurmath et al in the central village of Karnataka (5.3%) [19].

In this study while analyzing the attitude of the mothers towards feeding practices, over 85% of the mothers knew that breastfeeding has to be initiated soon after delivery, it should be continued till 2 years of age and were having a positive attitude towards following it. They had a good attitude towards feeding their children with balanced diet and the importance of giving fruits and vegetables as a part of their meal. Over 90% of the mothers were aware that the child should be breast fed 8 times or more in 24 hours.

The attitude towards exclusive breastfeeding upto 6 months of age and initiation of complementary feeding after 6 months was good only in around 60% of the mothers. They were also not aware of the importance of feeding the children with indigenous fruits and vegetables and diseases like diarrhea and malaria can cause malnutrition (only 70% mothers agreed with this), this is in contrast to the study done by Hussein [20] et al, which showed that the mothers have efficient practices and attitudes toward breast, formula and complementary feeding. In the present study, the parity of the mothers had no significant association with the time of starting complementary feeds ($p > 0.05$). This was in contrast to the study done by Betoko A and Charles MA in Eden showing significant association between the parity of the mothers and the complementary feeding practices.

In this study practice of the mothers towards IYCF was correlated with various demographic and other factors. Mothers who had institutional deliveries had better feeding practices and fed their babies more than 8 times a day and this was statistically significant with a p value of

<0.0001 . And also in this study younger mothers had better hygienic practices when compared with older mothers and this was also statistically significant with a p value of

<0.0001 . Parity too had a significant correlation with the hygienic practices with a p value of 0.007.

In the present study there was no significant association between the education and occupation status of the mother and the time of starting complementary feeds ($p > 0.05$).

Religion did not show any significant influence on the complementary feeding practices in our study ($p > 0.05$). This was in contrast to the study by Senerath U et al, comparison of the complementary feeding practices across five South-Asian countries which showed a higher prevalence of complementary

feeding at 6 months in the Christian community compared to the other communities [21].

Higher prevalence of malnutrition among older children may be related to faulty feeding practices. Breast milk alone is not sufficient to sustain optimal growth beyond 6 months. Hence correct information should be given to the mothers and caregiver of the child about current guidelines of exclusive breastfeeding and complementary feeding practices.

Conclusion

This study demonstrated that mothers attending a tertiary care teaching hospital possessed satisfactory knowledge and generally positive attitudes regarding recommended infant and young child feeding (IYCF) practices. High levels of awareness were observed for early initiation of breastfeeding, exclusive breastfeeding, continuation of breastfeeding up to two years, and the appropriate timing of complementary feeding. Nevertheless, the translation of this knowledge into practice remained inadequate.

A considerable proportion of mothers did not initiate breastfeeding within the first hour after birth, and only a small percentage introduced complementary feeding at the recommended age of six months despite being aware of current recommendations. The findings highlight a substantial knowledge–practice gap, suggesting that awareness alone is insufficient to ensure adherence to optimal feeding practices.

The study further emphasizes the important influence of family members and healthcare professionals on maternal feeding decisions, underscoring the need for continuous counselling and behavioural support throughout the antenatal, postnatal, and early childhood periods. Strengthening nutrition education through institutional services, immunization clinics, and community-based programmes, while actively involving primary caregivers and family members, may improve adherence to evidence-based IYCF recommendations.

Targeted interventions focusing on practical breastfeeding support, timely initiation of complementary feeding, hygienic food preparation, and continued nutritional counselling are essential to bridge the gap between knowledge and practice. Such measures have the potential to improve infant feeding behaviours, promote optimal child growth and development, reduce the burden of malnutrition, and contribute to better child health outcomes.

Further multicentre studies involving larger and more diverse populations are recommended to evaluate regional variations in infant feeding practices and to assess the effectiveness of

structured educational interventions in improving maternal compliance with WHO-recommended infant and young child feeding guidelines.

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