

KNOWLEDGE AND PRACTICES REGARDING COMPLEMENTARY FEEDING AMONG THE MOTHERS OF CHILDREN AGED 6-24 MONTHS ATTENDING THE CHILD WELFARE CLINIC AT PILIYANDALA MEDICAL OFFICER OF HEALTH AREA

AKGTD Nimalarathna, HADO Hegoda, CMNYR Chandrasekara, KLKTD Sandharenu and D Vidanage

Department of Nursing & Midwifery, Faculty of Allied Health Sciences, General Sir John Kotelawala Defence University, Werahara, Sri Lanka

ABSTRACT

Complementary feeding refers to introducing safe and nutritious foods alongside breast milk at six months of age, as breast milk alone may not be sufficient for the infant. Inadequate knowledge about complementary foods and poor complementary feeding practices are more likely to cause malnutrition, stunting, delayed development, and increased susceptibility to diseases. Therefore, this study was conducted to explore knowledge, practices and factors associated with complementary feeding among the mothers of children aged 6-24 months attending the Child Welfare Clinic at Piliyandala Medical Officer of Health (MOH) area. A descriptive cross-sectional study was conducted among 300 mothers who were recruited using a non-probability convenient sampling method from six Child Welfare Clinics, using a pretested self-administered questionnaire. The questionnaire comprised socio-demographic data, knowledge, and practices regarding complementary feeding, with scoring systems to categorize responses into knowledge (poor, average, good) and practices (poor, neutral, good) based on predefined ranges. One mark was allocated for each correct response in both knowledge-based questions and practice-based questions. The maximum possible scores for knowledge and practice were 23 and 24 respectively. Results indicated that the majority of the respondents (98%) portrayed a good level of knowledge (Mean score- 19.17 ± 1.72) and a good level (98%) of practice (Mean score- 19.54 ± 1.63) regarding complementary feeding. A statistically significant association was observed between the mother's age and the level of knowledge ($p = 0.001$), the level of practice ($p = 0.001$), and the level of education ($p = 0.033$). Moreover, a moderately positive correlation was observed between knowledge and practice ($r_s = 0.231$, $p = 0.001$). This shows that mothers with good knowledge showed better practices regarding complementary feeding.

KEYWORDS: Complementary feeding, Mothers' Knowledge, Practices

Corresponding Author: KLKTD Sandharenu, Email: tharanisanda@kdu.ac.lk



<https://orcid.org/0000-0001-5485-6988>



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1. INTRODUCTION

Nutrition during the first two years of life, plays a vital role as it helps with the physical and mental development of children. This age group of children is especially susceptible to nutritional deficiencies which lead to long-term unfavourable health problems. The chance of getting non-communicable illnesses in later-life might result from poor nutrition throughout these critical years. It can also lead to diminished cognitive capacities, which can affect the Intelligence Quotient (IQ) and overall development of the children.

Complementary feeding is defined as the “Introduction of safe and nutritious foods at the age of six months when breast milk alone is no longer enough to meet an infant's nutritional demands and it should be given promptly, sufficiently, and suitably” (Dewey, 2003). It is Exclusive breastfeeding for six months, with complementary foods added at six months, and continued breastfeeding until two years is recommended as complementary foods add extra energy and nutrients that are essential for the optimal growth, brain development, and overall health of the child (Dewey, 2003; *Nutrition Guidance Series*, n.d.). Inadequate breastfeeding and complementary feeding negatively impact an infant's growth, leading to health issues such as malnutrition, vitamin deficiencies, and delayed motor and cognitive development (Bhutta et al., 2013). It has been reported that ninety-eight percent of the under-five child deaths occur in underdeveloped countries each year due to malnutrition (UNICEF, 2018). In Sri Lanka, the frequency of stunting and underweight among children under five age group, undernutrition remains a serious problem, with 13.5% stunted and 29.4% underweight (Nutrition of children and women, n.d.)

Therefore, it is recommended that infants should only be breastfed during the first six months of life and eating safe, nutritionally appropriate complementary food has to be initiated at 6 months, since breast milk alone does not supply enough calories or minerals (Kramer and Kakuma, 2012; (World Health Organization and UNICEF, 2003).

Complementary foods should be offered in adequate frequency and portion sizes, as a diversified diet with

proper food texture, safe food preparation, storage, cleanliness, and response to feed. Further, a gradual increasing food consistency and variety as the infant gets older, is recommended adapting to the infant's requirements and abilities. In order to increase the efficiency of complementary feeding, foods should be provided in a texture appropriate for the child's age (Bimpong et al., 2020; Olatona, et al., 2017; White et al., 2017).

In order to evaluate and direct the feeding practices of young children, the World Health Organization (WHO) recommends eight core indicators, including early initiation of breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding for 2 years, the introduction of solid, semi-solid, or soft foods, minimum dietary diversity, minimum meal frequency, minimum acceptable diet, and consumption of iron-rich or iron-fortified foods. The timely introduction of solid, semi-solid, or soft foods and a minimal amount of nutritional variety are all examples of appropriate complementary feeding (WHO, 2008).

Complementary feeding shouldn't begin either too soon or too late. Early introduction of additional foods has the danger of replacing breast milk and making it more challenging to later give the child the nutrients they require. Offering food causes the mother to produce less and the infant consumes less breast milk, making it harder to feed the child the nutrients they will need in the future. Furthermore, starting complementary feeding too late raises the risk of malnutrition and micronutrient deficiencies in children because they do not receive the extra food needed to make up for the loss (www.unicef.org, n.d.).

Factors associated with complementary feeding in Sri Lanka have been well-identified, emphasizing key practices that require focused attention. This includes the age of introduction, food consistency, quantity, frequency of meals, calorie density, cleaning procedures, responsive feeding, and feeding during and after an illness (Silva, 2008). In low- and middle-income countries, factors including the socioeconomic position of the caregiver, maternal beliefs, postpartum care, social networks, and family decision-making all have an impact on complementary feeding practices

(Burns et al., 2016). Parents' or caregivers' lack of knowledge regarding complementary feeding may result in poor nutritional quality, improper timing of initiation, inadequate amounts, or inadequate frequency to meet the child's nutritional needs (Samuel, Akintayo and Eyinla, 2021). Early or delayed complementary feeding, providing meals with inadequate calories, serving little portions of food, and cultural beliefs contribute to avoiding some nutritious foods for infants. Therefore, safe preparation and serving techniques as well as an understanding of food varieties, quantity, and time are necessary for effective complementary feeding practices. Caregivers also need to understand the importance of complementary feeding and they must encourage the child to participate in the feeding process (Abeshu et al., 2016). Therefore, it is important to make sure that mothers and other caregivers receive the right guidance regarding the best feeding practices for infants and young children. This shows that planning interventions to enhance children's feeding requires an understanding of complementary feeding knowledge and practices.

According to the World Food Programme (2023), 42 percent of households were turning to food-based coping strategies, such as skipping meals, eating less-preferred food or limiting portion sizes. Nearly one-third of children under 5 are malnourished (World Food Program, 2023). This highlights the access to nutritious food as a problem in Sri Lanka, especially for low-income families.

However, most of the community-based studies have focused on breastfeeding practices rather than infant and child feeding practices in the available literature (Dhammika and Gunawardena, 2012; Poreddi Vijayalakshmi, T Susheela and D Mythili, 2015). They had not much focused on quantity and quality of complementary foods including dietary diversity. Therefore, this inadequate knowledge about complementary foods and feeding practices is more likely to cause malnutrition (Aggarwal et al., 2008). This study drew attention to identifying gaps and challenges in complementary feeding practices such as poor knowledge and inadequate access to nutritious foods with the current economic crisis in the country.

Child welfare clinics serve as primary points of contact for mothers, providing guidance and support on child health and development along with food and nutrition. Therefore, this study was conducted to explore knowledge and practices regarding complementary feeding among the mothers of children aged 6-24 months attending the Child Welfare Clinic at Piliyandala Medical Officer of Health (MOH) area. Moreover, the study results will be helpful to develop targeted interventions, evaluating the effectiveness of available interventions, and developing policies and guidelines that can improve complementary feeding practices at the national level.

2. METHODOLOGY

This study employed a descriptive cross-sectional design and was conducted in the Piliyandala Medical Officer of Health (MOH) area in the Colombo District, Western Province, Sri Lanka, encompassing six Child Welfare Clinics (CWCs). The distribution of mothers across the six clinics was as follows: Bokundara (n=79), Piliyandala (n=55), Bangalawatta (n=45), Pelenwatta (n=44), Gorakapitiya (n=46) and Arewwala (n=31). The study population comprised mothers with children aged 6–24 months attending CWCs, selected using non-probability convenient sampling, resulting in a sample size of 300. Inclusion criteria included mothers literate in Sinhala, Tamil, or English, while exclusion criteria excluded those with children outside the specified age range, congenital or chronic conditions, or diagnosed mental illnesses. The data collection was carried out for 02 months (from December 2023 to January 2024). Data collection utilized a self-administered questionnaire developed in line with the objectives of the study by investigators with the support of experts in the field (i.e., Medical Officers, Senior nurses, Nursing academia) after an extensive literature review and pre-tested on a similar cohort (ten mothers), which was independent of the main study to ensure feasibility and content reliability. The questionnaire comprised socio-demographic data, knowledge, and practices regarding complementary feeding, with scoring systems to categorize responses into knowledge (poor, average, good) and practices (poor, neutral, good) based on predefined ranges.

Ethical clearance was obtained from the Faculty of Medicine at General Sir John Kotelawala Defence University (RP/S/2023/54), ensuring voluntary participation, informed consent, and strict confidentiality protocols. Data analysis was performed using SPSS version 23, employing descriptive statistics and inferential statistics, with the level of significance set at $\alpha = 0.05$.

3. RESULTS

Demographic profile of the subjects

The mean age of study subjects was 31.57 ± 3.18 years with a range of 23-40 years. The age categories were determined by dividing the sample into approximately equal intervals based on the age distribution of the participants. Most of the mothers ($n=170$, 56.7%) were in the 33-37 years age group and most of the mothers were employed; ($n=166$, 55.3%). Findings related to ethnicity showed that the majority of the mothers, 294 (98%) were Sinhalese. Most of the mothers; 138 (46%) were educated and passed G.C.E A/L. From the sample, 152 (50.7%) of mothers in the study had only one child while 4 (1.3%) mothers had more than 4 children. The weight of the babies and the findings showed that the majority of the babies, ($n=194$, 64.9%) were in the normal weight category. Further, most of the mothers, 135 (45%) had a total monthly income of around Rs. 65,000 (Table 1).

Table 1: Socio- demographic data of the study participation

Characteristics	Frequency (%)
Age of the mother	
23 - 27	72 (24%)
28 - 32	29 (9.7%)
33 - 37	106(35.3%)
≥ 37	93 (31%)
Employment status	
Yes	166(55.3%)
No	134(44.7%)
Ethnicity	
Sinhala	294 (98%)
Tamil	6 (2%)
Educational level	
Passed G.C.E O/L	45 (15%)

Passed G.C.E A/L	138 (46%)
Diploma , Degree level or higher	117 (39%)
No of children	
1	152(50.7%)
2 - 3	143(47.7%)
≥ 4	4 (1.3%)
Weight category of the child	
Normal	194(64.9%)
Lower weight	51 (17.1%)
Over weight	54 (18%)
Total monthly income (LKR)	
60 000	135 (45%)
40 000 - 60 000	131(43.7%)
20 000 - 40 000	27 (9%)
20 000 >	7(2.3%)

Knowledge regarding complementary feeding

From the total study sample, 258 (86%) mothers defined complementary feeding as “feeding the child with additional food along with breast milk”. The majority of the mothers, 217 (72.3%) stated that complementary feeding should be started from the age of six months. About 290 (96.7%) mothers expressed that the main aim of complementary feeding is breast milk is insufficient for a child’s growth. From the study sample, 286 (95.3%) mothers knew that introducing complementary food for the very first time was 2-3 teaspoons of well-mashed rice mixed with breast milk. When considering the correct quantity and the quality of the food, almost all the mothers, 300 (100%) started by giving the child semi-solid foods and when introducing a new meal to the child, they have started with a very small serving (1-2 tsp.). Only a smaller percentage of the mothers, 97 (32.3%), stated that when introducing new foods to their child, they need mix them all and serve them in very little portions. About 293 (97.7%) mothers continued breast feeding on demand while 294 (98%) mothers gave various types of foods with different tastes. Table 2 depicts the knowledge regarding appropriate age to start complementary feeding and the frequency of complementary feed given in appropriate age among the mothers of children aged 6-24 months attending

the Child Welfare Clinic at Piliyandala Medical Officer of Health Area.

Table 2: Knowledge regarding appropriate age to start different food and the frequency of feed given in appropriate age.

Characteristics	Frequency (%)
Age of initiating complementary feeding.	
Before completion of 6 months	3 (1%)
Exactly at 6 months	217 (72.3%)
After 6 months	80 (26.7%)
The appropriate age to introduce the following food to the baby.	
Pulses	
6-8 months	300 (100%)
Sprats	
6-8 months	292 (97.3%)
9-11 months	8 (2.7%)
Fish	
6-8 months	255 (85%)
9-11 months	45 (45%)
Meat	
6-8 months	177 (59%)
9-11 months	111 (37%)
12-24 months	12 (4%)
Egg yolk	
6-8 months	300 (100%)
Vegetables	
6-8 months	289 (96.3%)
9-11 months	11 (3.7%)
Green leafy vegetable	
6-8 months	270 (90%)
9-11 months	30 (10%)
Sugar	
6-8 months	39 (13%)
12-24 months	261 (87%)

Salt	
6-8 months	4 (1.3%)
9-11 months	47 (15.7%)
12-24 months	249 (83%)
Finger foods	
6-8 months	21 (7%)
9-11 months	200 (66.7%)
12-24 months	79 (26.3%)
Water	
6-8 months	153 (51%)
9-11 months	147 (49%)
The correct frequency of complementary feed given at the appropriate age.	
6-8 months	
2-3 times/day	296 (98.7%)
At least 6 times/day	4 (1.3%)
9-11 months	
2-3 times/day	34 (11.3%)
At least 5 times/day	260 (86.7%)
At least 6 times/day	6 (2%)
12-24 months	
2-3 times/day	10 (3.3%)
At least 5 times/day	207 (69%)
At least 6 times/day	83 (27.7%)

The mean knowledge score of study participants was 19.17 ± 1.727 with the range of 8-23. A smaller number of respondents (2%) had average knowledge while none of the respondents had poor knowledge. Majority of the respondents (98%) portrayed a good level of knowledge regarding complementary feeding (Table 3).

Table 3: Level of knowledge among the study participants

Categorization of knowledge score	Frequency	Percentage (%)
Poor (0-7)	0	0

Average (8-15)	6	2
Good (16-23)	294	98

Practices regarding complementary feeding

Table 4 depicts the practices regarding complementary feeding among the mothers of children aged 6-24 months attending the Child Welfare Clinic at Piliyandala Medical Officer of Health Area.

Table 4: Practices on complementary feeding among the mothers

Characteristics	Frequency (%)
How to ensure safety and hygiene?	
Wash hands before cooking	300 (100%)
Wash hands before feeding	300 (100%)
Boil drinking water	300 (100%)
Boil feeding utensils	300 (100%)
What practices do you follow when you feed your child?	
Feed whenever the child gave a cue	193 (64.3%)
Show the different colours	283 (94.3%)
Talk about different colours	273 (91%)
Watching videos on mobile phone	155 (51.7%)
Walking around the home yard	142 (47.3%)
Play with baby	243 (81%)
Maintain eye contacts	300 (100%)
Seated on a separate chair	173 (57.7%)
Feeding with a cup/plate and spoon	300 (100%)
Seated together with family members	176 (58.7%)
How do you continue feeding when the child refuses his/her meal?	
Tell kindly and lovingly	300 (100%)
Frighten /threaten the child	2 (0.7%)
Forced feeding	1 (0.3%)
Tell stories during meals	243 (81%)
Offer a variety of food with different tastes and textures	300 (100%)

How do you feed your child when she/he is suffering from illness?

	299 (99.7%)
Feed small amounts frequently	193 (64.3%)
Give more food often than usual	211 (70.3%)
Add oil, and coconut milk as usual	300 (100%)
Continue breastfeeding	253 (84.3%)
Offer nutrient-rich foods (eg:- egg, fish, chicken)	

The mean practice score of study participants was 19.54 ± 1.63 with the range of 0-24. A smaller number of respondents (1%) followed poor practices while the majority of the respondents (99%) portrayed a good level of practices regarding complementary feeding (Table 5).

Table 5: Categorization of practice level regarding complementary feeding

Categorization of practice score	Frequency	Percentage (%)
Poor (0-8)	3	1
Average (9-17)	0	0
Good (18-26)	297	99

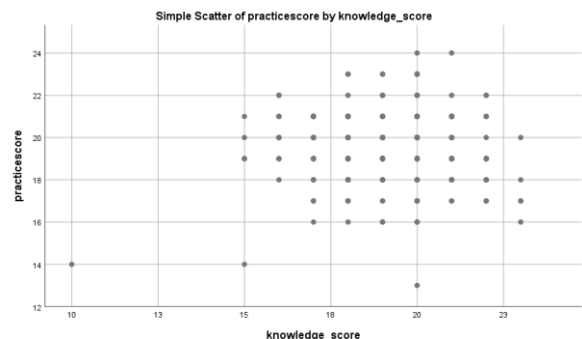


Figure 1: Scatter plot of practice score by knowledge score
Association of socio-demographic characteristics with knowledge and practices regarding complementary feeding

A chi-square analysis revealed that the level of knowledge regarding complementary feeding was

significantly associated with the mother's age ($p = 0.001$). Results showed that there was a statistically significant association between practice level and the mother's age ($p = 0.001$) (Table 6) and level of education of mothers ($p = 0.033$) (Table 7). This revealed that better practices regarding complementary feeding were found among the mothers who were older and had higher levels of education.

Further analysis with Spearman's correlation revealed that the level of knowledge regarding complementary feeding was significantly associated only with the mother's age ($p = 0.012$). The level of knowledge has no significant association with other socio-demographic characteristics such as, level of education ($p=0.137$), number of children ($p=0.267$), weight category of children ($p=0.524$), and total monthly income ($p=0.868$).

However, none of the variables (age, ethnicity, employment status, level of education, number of children, weight category of children, total monthly income) showed significant correlation with the level of practice for complementary feeding ($p>0.05$).

Table 6: *Distribution of Mothers' Practice Levels on Complementary Feeding by Age*

Mother's age (years)	Poor practice	Good practice	Row total
23-27	0 (0.0%)	07(100%)	7
28-32	01 (0.6%)	29(99.4%)	30
33-37	01 (0.6%)	169(99.4%)	170
≥ 37	01 (1.1%)	92 (98.9%)	93
Column total	3	297	300

Table 7: *Distribution of Mothers' Practice Levels on Complementary Feeding by Educational Level*

Mother's level of education	Poor practice	Good practice	Row total
Passed G.C.E. O/L	02 (4.4%)	43 (95.6%)	45
Passed G.C.E. A/L	0 (0.0%)	138 (100%)	138
Diploma, Degree or higher	01 (0.9%)	116 (99.1%)	117
Column total	3	297	300

Correlation between the knowledge and practices regarding complementary feeding

Pearson correlation indicates that there was a statistically significant correlation between knowledge and practice ($p = 0.001$) with a weakly positive relationship ($r_s = 0.231$). Thus, these results indicate that mothers with good knowledge showed better practices regarding complementary feeding.

4. DISCUSSION

In this study, we sought to explore various aspects to assess the knowledge of mothers regarding complementary feeding, including how to define it, identify its purpose, identify the kinds of food that are provided as complementary feed, and a variety of other related aspects. The findings of the present study portrayed most of the respondents had a good knowledge (98%, $n = 294$) regarding complementary feeding. This finding is in line with the results of several previous studies which revealed that mothers possessed good knowledge regarding complementary feeding (Seram and Punchihewa, 2017). Further, this finding also aligns with the findings of a study where 85% of mothers demonstrated adequate knowledge regarding complementary feeding practices (Uusimäki et al., 2022). However, this contrasts with the findings of a study which portrayed a lower level of knowledge regarding complementary feeding (Rexona Parvin et al., 2021).

According to the present study findings, 86% (n=258) of mothers defined complementary feeding as 'feeding the child with additional food along with breast milk'. Knowledge of the time of complementary feeding was high, in line with research from Ghana (6.0%), Karachi (57.2%), and Lahore, Pakistan (54%) (Gyampoh, Otoo and Aryeetey, 2014; Hasnain et al., 2013). Moreover, this is in line with the findings of a study which discovered that only 32% of mothers delayed the start of complementary feeding and that 52% of mothers were aware that the proper age to begin was six months (Chand et al., 2018). In our study, only 1% of mothers reported early initiation of complementary feeding to their children (Table 2). This finding, however, is in contrast with the results of research carried out in Dhaka, Bangladesh which showed that the rate of early initiation of complementary feeding was still rather high (Shanjoy Kumar Paul et al., 2014). The evidence found that introducing complementary foods before six months can cause adverse effects in later life including a higher risk for allergies (Koletzko et al., 2005). Additionally, our study revealed that nearly one-fourth of mothers delayed starting complementary feeding. Similarly, several studies revealed that mothers delayed starting complementary feeding after the infants turned 6 months old for a variety of reasons, including adequate milk production, the baby's refusal to accept other foods, vomiting during the introduction of new foods, and delaying complementary feeding because their elders advised them to (Shrestha, Pokhrel and Mathema, 2020; Chapagain, 2013).

The present study findings portrayed that the majority of mothers, (98.7%, n=296) who were asked about the frequency of complementary feeding given at the appropriate age agreed that a child should only be fed two or three times a day during the first six to eight months of life. This is consistent with the results of several studies where the majority of the mothers were known about the correct frequencies (Gyampoh, Otoo and Aryeetey, 2014; Chand et al., 2018). Similarly, another study discovered that most mothers provided complementary meals three times a day (Shrestha, Pokhrel and Mathema, 2020). Although this is slightly less than the results of our study (98.7%, n=296)

some studies revealed that 25.5% to 30% of mothers knew and implemented the necessary consistency of complementary feeding (Aggarwal et al., 2008; Sethi, Kashyap and Seth, 2003).

The findings of the present study showed that mothers knew that introducing complementary food for the very first time was 2-3 teaspoons of well-mashed rice mixed with breast milk. However, this is in contrast with the findings of a study which found that only half of the infants were given semisolid foods at six months of age, and that even at nine months, one-fourth of the infants were not being fed appropriately (Chand et al., 2018). In our study, all the mothers had initiated by giving the child semi-solid foods with a very small serving (1-2 tsp.). In supportive of the current study, another study revealed that 61.8% of mothers were providing a sufficient amount of complementary feeding (Mohammed et al., 2018). This result, however, differs from the study, which found that only 11% of children receive enough amount from complementary feeding (Aggarwal et al., 2008).

The present study findings portrayed that the majority of the mothers introduced a variety of foods such as pulses, sprats, fish, meat, egg yolk, vegetables, green leafy vegetables, finger foods, salt, sugar and water in recommended age. In our study, (94.3%, n=283) mothers showed different colours when feeding their children. Train the children to eat foods with different tastes and consistency helps them to accustomed to eat family foods by one year. This is in line with the findings from several studies which found that children between the ages of 6 and 9 months had a minimum of dietary diversity (Olatona, et al., 2017; Shivani Lodha and Vandana Bharti, 2013; Mwita, 2014)

In the present study, a smaller number of respondents (1%) followed poor practices while the majority of the respondents (99%) portrayed a good level of practices regarding complementary feeding. Considering the feeding practices adopted by the mothers, all the mothers reported washing their hands before cooking and before feeding their child, and boiling drinking water and feeding utensils before preparing the meals.

This shows that a better adherence to hygienic practices observed in our study which is consistent with the findings of a study which emphasized the vital role of hygiene in ensuring safe complementary feeding practices (Khan et al., 2022). In support of the current study, a study depicted that 30.4% of mothers washed their hands before preparing food (Mohammed et al., 2018). In contrast with the findings of our study, another study indicated that 32% of mothers did not wash their hands after defecating. 68% of mothers failed to thoroughly wash their children's hands and utensils before feeding them. Mothers in slums were not inclined to wash their hands before feeding their children, and were failed to cover items after cooking (Chand et al., 2018). In terms of feeding practices, in our study, all the mothers fed the child with a separate cup/plate and spoon instead of a bottle and teat. Similarly, a cross-sectional descriptive study done at peri-urban clinics (Boralasgamuwa area) discovered that most of the mothers used cups and spoons when providing complementary foods to their child (Silva et al., 2005).

The current study depicted that when a baby refuses the meals, the majority of the mothers adopt positive strategies, with almost all the mothers, telling kindly and lovingly, avoiding frightening or threatening tactics, and avoiding forced feeding in cases of refusal. Most mothers tell stories while feeding. However, the prevalence of distractions during feeding, such as watching videos on mobile phones, highlights a potential area for intervention to promote complementary feeding interactions (Masuke et al., 2021).

Findings from the current study conclude that mothers provide appropriate care including feeding their child in small amounts frequently, continuing breastfeeding, and offering nutrient-rich foods like egg, fish, and chicken following illness of the child. However, a noteworthy percentage reported giving more food often than usual during illness, which may indicate a perception of increased nutritional needs during such times.

According to the findings of the current study, only the age of the mother was observed to be significantly ($P = 0.001$) associated with their knowledge level regarding complementary feeding. Thus, this finding supports that the age of the mother has an effect on the knowledge level of mothers regarding complementary feeding. This is similar to the findings of a study which reported that older mothers tended to have better knowledge regarding complementary feeding (Haile et al., 2015). In the present study, mother's age ($p = 0.001$) and the level of education ($p = 0.033$) were only found as significantly associated with their overall level of practice. Consistent with these results, another study also found that mother's occupation and level of education had a major impact on complementary feeding (Olatona, et al., 2017).

In our study, there was a weakly positive correlation ($r = 0.231$) between knowledge score and the level of practice among mothers regarding complementary feeding. Similarly, the findings of a meta-analysis indicated that improved maternal knowledge is often associated with better adherence to recommended feeding practices (Bahorski, Mumbower and Pocchio, 2021).

The study found that mothers have a satisfactory level of knowledge and practice regarding complementary feeding practices. This might attribute to access to education through online videos, television programs, and clinic sessions. Government and non-governmental organizations have implemented strategies to spread knowledge, such as the Child Health Developmental Record (CHDR) and separate guideline books. Efficient child welfare clinics and public health staff provide nutrition-related messages and health education on breastfeeding and complementary feeding practices. Regular postnatal visits by public health midwives also increase the public awareness. The study concludes that well-established antenatal and postnatal care delivery in Sri Lanka has contributed to this improvement.

Having a sample of 300 participants in the study is a strength. In addition, the study provides an assessment of both knowledge, practices and their association with socio-demographic characteristics regarding

complementary feeding which evaluate the effectiveness of available interventions in the national guidelines.

The use of a convenience sampling method introduces 'sampling bias' to the study is a limitation, thereby restricting the generalizability of the study findings. Moreover, the sample was confined only to one setting remains another limitation that reduces representation of all mothers of children aged 6-24 months. Selecting cross-sectional design in this study due to limited time created a lack of longitudinal point of view.

The gaps noted in the findings of other studies, compared to the present study findings may be attributed to the methodological discrepancies. Differences in study designs, sample characteristics, and data collection tools may affect the fairness of these comparisons. Thus, comparing and contrasting our results with those of other studies, these remain a concern of limitation.

5. CONCLUSIONS

Most mothers reported good knowledge about the correct age of initiation, feeding frequency, types of food, and consistency in complementary feeding. They prioritized hygiene, introducing a variety of foods, and practiced responsive feeding. Maternal age and level of education significantly influence knowledge and practices on complementary feeding.

The future studies in this same research area would be effective among mothers who do not regularly attend clinics, as well as those from diverse socio-demographical settings and educational backgrounds, to gain a broader understanding of the differences in knowledge and practices across various groups.

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