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KNOWLEDGE, ATTITIDE, AND PRACTICES TOWARDS COMPLEMENTARY FEEDING AMONG MOTHERS OF CHILDREN FROM 6-24 MONTHS AT WAKISO HEALTH CENTER IV, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Complementary feeding is the transitional period in which other foods (semi-solids and liquids) are introduced to the baby in addition to breast milk. The study aims to assess the level of knowledge attitudes and practices towards complementary feeding among mothers of children from 6-24 months at Wakiso Health Center IV, Wakiso district.

Methodology

A descriptive cross-sectional study in which the Quantitative method was used to source data which helped to determine measures of central tendency such as percentages and ratios to establish relationships between variables. Data analysis was done through tallying, coding, and editing. Raw data was cleaned and entered into the computer using Microsoft spreadsheets for frequency distribution tables and charts.

Results

(70%) of the respondents were married, (16%) were separated, (10%) were single and the least (4%) were divorced. 56% accepted that children should be given complementary foods more than 3 times a day while 44% said that children should be given complementary foods 2-3 times a day. 48% of the respondents strongly disagreed that some food e.g. eggs are so hard for the baby to digest with 56% of them disagreeing on stopping complementary foods during illness. 48%(24/50) of the mothers introduced complementary feeding at the age of 6 months. 36%(18/50) of the mothers introducing below 6 months

Conclusion

Mothers had sufficient knowledge and practices while worrying traces of poor attitudes towards complementary feeding were revealed among many mothers.

Recommendation

Complementary feeding education targeting behavioral change among young, single, and uneducated mothers of developing countries is important to reduce child morbidity and mortality.

Keywords: *Complementary feeding, Children from 6-24 months, Child morbidity, Wakiso Health Center IV*
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Background of the Study

According to (Gulperi Demir, 2020)complementary feeding is the transitional period in which other foods (semi-solids and liquids) are introduced to the baby in addition to breast milk to provide additional nutrients and energy that cannot be met by breast milk currently and this transitional period starts at six months of age and they should receive these complementary foods 2-5 times a day between 6-8 months and increase to 3-4 meals daily between 9-11 months and 12-14 months with additional nutritious snacks offered 1-2 times per day for ages 12-14 months as desired. This period is also a time when the infant implicitly learns what, when, and how much to eat and at the onset of complementary feeding the brain and gut of the baby are developing and maturing and this initial experience contributes to shaping the brain connections involved in food hedonics and control of food intake (S, 2016). The complementary feeding period corresponds to 6-24 months which represents an important period of sensitivity to stunting, increased risk of infections, and impaired neuro-cognitive functions (Christine P. Stewart, 2013). Global rates show that 64.5 % of infants 6-8 months of age are fed on solid, semi-solid, or soft foods with

the lowest rates in South Africa at 53.5% and the highest in Latin America Caribbean at 83.1%. Global rates of minimum meal frequency and minimum dietary diversity are both 52.2% and 29.4% respectively (Jesica M. White, 2017).

A study done in India on regional analysis of complementary feeding showed that there was variation in the prevalence of introduction of complementary foods among infants aged 6-24 months in the regions with the highest (61%) in the south and lowest in the central and northern region (38%). Minimum dietary diversity (MDD) was highest in the south (33%) and lowest in the central region (12%). Both minimum meal frequency (MMF) and minimum acceptable diet (MAD) varied substantially across regions (Mansi Vijabhai Dhami, 2019). Narrowing down to Africa, Eastern and Southern Africa emerged with the higher minimum meal frequency (MMF) being 45.4% in infants from 6-11 months, 50.7% in 12-17 months, and 44% in 18-24 months than Eastern and Southern Africa which was 44.6% with the rate of 44.5% in infants of 6-11 months, 43.1% in 12-17 months and 47.1% in 18-24 months. Minimum dietary diversity in western and central Africa and eastern and southern Africa was 19.3% and 23.1% respectively. (Jesica M.White, 2017)

Regionally, in East Africa, a study done in Kenya indicated that all (100%) of children between 6-8 months old had received soft foods. The minimum meal frequency was attained at 88.3% whereas minimum dietary diversity was attained at 17%. In addition, the minimum acceptable diet was attained at 15%. Maternal knowledge of the importance of the introduction of complementary foods is at 85.4% and correct meal frequency for age is 74.5%. On the contrary knowledge on enriching complementary foods was at 34.5% which was low (Korir, 2013). According to the Uganda demographic survey, only 15% of children aged 6-23 months were fed on the minimum acceptable diet in the 24 hours before the survey. Also 15% of the last-born children aged 6-24 months living with their mothers fed on the minimum acceptable diet (MAD) in the 24 hours preceding the interview. 3 in 10 (30%) were fed on the minimum dietary diversity (MDD) and 4 in 10 (40%) were fed according to the minimum meal frequency (MMF). The proportion of children aged 6-23 months fed on MAD was different among the non-breastfed (13%) and the breastfed (15%). There was also regional variation in the proportion of children aged 6-23 months receiving MAD from 3% in the Acholi region to 27% in the Ankole region, the proportion of infants receiving MAD also rises with the mother`s education level from 10% among those with no education to 26% whose mothers have more than secondary education(survey, 2016).

In Uganda, a study done in the Acholi sub-region indicated that a high proportion of caregivers had good knowledge (88%) and attitude (90.1%) towards complementary feeding though only 50% of them practice good nutrition behavior (Prossy Nassanga, 2018). In eastern Uganda, a study of 506 children showed that only 23.9% were fed adequately and only 2.3% received MAD (Espoir Bwenge Malembaka, 2019). In Wakiso district only one of the 124 infants below 6 months and 5.9% of the 80 infants over 6 months had been breastfed. Complementary foods are introduced earlier than recommended with 22% of mothers introducing solid foods at one month, 14% at 1-3 months, and 6% at 4-6 months, and most of the foods introduced are local foods fed by the family which included porridge made out of maize flour, cow milk and smashed foods like Irish potatoes and bananas (Edward L.Ssemukasa, 2014). The study aims to assess the level of knowledge attitudes and practices towards complementary feeding among mothers of children from 6-24 months attending MCH at Wakiso Health Center IV, Wakiso district.

Methodology

Study Design

A descriptive cross-sectional study was used to employ quantitative methods of data collection which include a questionnaire with structured questions that will facilitate and elaborate discussions by respondents. This approach aims at collecting information from different categories of people at once. The quantitative method will be used to source data which helped to determine measures of central tendency such as percentages and ratios to establish relationships between variables.

Study Area

This study was carried out at MCH-clinic being the fact that it is a suitable accessible focal point where the researcher could access mothers with children between 6-24 months at Wakiso Health Center IV, Wakiso district.

Study population

The study population was all mothers with children from 6-24 months, residents of Wakiso, and got their maternal and child health care services at Wakiso Health Center IV.

Sample Size Determination

Sample size determination refers to the process of choosing the right number of people from a larger group to be used as a sample.

The sample size was calculated using (QR)T (Burton, 1965)

Where;

Q=Total number of days spent in data collection

R= Maximum time taken by the interviewer per day

T= Maximum time taken by the interviewer

Therefore;

R= 6 hours

Q= 6 days

T= ½ hours

(QR)T= (5x5)/1/2
25/1/2= 50 respondents
Therefore, the sample size for this study was 50 respondents.

Sampling Technique

A simple random sampling technique was used to select respondents. This sampling technique is preferred because the researcher can select a sample size that has an unbiased representation of the population.

Questionnaire method

The questionnaire method was used in this study since many respondents can be gotten at the same time and provides anonymity to respondents which puts them at ease and encourages them to answer truthfully.

Questionnaire

A questionnaire is a set of written or printed questions with a choice of answers devised for a survey or statistical study. This study used structured questionnaires with closed-ended questions developed based on a literature review.

Data Collection Procedure

The mother's knowledge of specific infant and young child feeding was assessed using well-structured questions, explained to her until she confirmed that she had understood. Data was collected using a well-structured questionnaire that was completed by face-to-face interviews with the respondents. Data included information regarding participants' demographics, knowledge, attitudes, and practices toward complementary feeding.

Study Variables

Variables are characteristics or observations that take different values in time and place. This research aims to determine the factors influencing complementary feeding of mothers of children from 6-24 months. Therefore, according to the study, independent variables include factors influencing complementary feeding and the dependent variable is complementary feeding.

Quality Control

To ensure the collection of quality data, the research tools were pre-tested on 5 eligible mothers (not among final respondents), and research assistants were trained and pretested on 5 eligible mothers. In addition, a pilot study was conducted to test the reliability of the questions and time needed to interview each mother, this includes research assistants. In addition, tools were given to a supervisor from the Kampala School of Health Sciences to ascertain their validity. After piloting, the captured information was modified to improve clarity before undertaking the study. The time required for the study was determined in the pilot study and ample time was given for data collection. All mothers of children from 6-24 months and are residents of Wakiso district who get their MCHC services at Wakiso Health Center IV were eligible to be included in the study and all mothers of infants who are neither residents of Wakiso district nor got there MCHC services at Wakiso Health Center IV were excluded from the study.

Data Analysis and Presentation

Data analysis was done through tallying, coding, and editing. Raw data was cleaned and entered into the computer using Microsoft spreadsheets for frequency distribution tables and charts. Data analysis was also based on the responses to the questions. Results are presented using frequency distribution tables, charts, and graphs.

Ethical considerations

A letter of introduction was obtained from the Kampala School of Health Sciences research committee introducing the researcher and seeking permission to carry out the study with assurance of confidentiality. The study commenced after the objectives of the study were explained to participants and consented to participate in the study. Any information obtained from the respondents was kept confidential and questionnaires were stored in a lockable case.

Results

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Table 1: Shows distribution of respondents by age, marital status, religion, number of children in their families, current child's age, level of education, and employment.

	VARIABLES	Frequency (n)	Percentage (%)
1	Maternal age		
	<18	9	18
	18-29	25	50
	30-39	14	28
	>40	2	4
2	Marital status		
	Married	35	70
	Separated	8	16
	Divorced	2	4
	Single	5	10
3	Mother's religion		
	Pentecostal	20	40
	Muslim	13	26
	Catholic	11	22
	Protestant	6	12
	Others	0	0
4	Number of children in the family		
	1-2	25	50
	3-5	22	44
	More than 5	3	6
5	Current child's age		
	0-5 months	13	26
	6-12 months	27	54
	13-24 months	10	20
6	The educational level of the mother		
	No formal education	0	0
	Primary education	30	60
	Secondary education	14	28
	Tertiary education	6	12
7	Employment		
	Employed (formal)	19	38
	Peasant	8	16
	Self-employed	10	20
	Unemployed	13	26
TOTAL		5O	1OO

Table 1, the majority of the respondents (50%) were within the age bracket of 18-29 years and the least (4 %) were within the age bracket of above 40 years.

Findings also indicate that most of the respondents (70%) were married, (16%) were separated, (10%) were single and the least (4%) were divorced.

More to the table of results, the majority of the respondents (40%) were Pentecostals, (26%) were Muslims, (22%) were Catholics and then the protestants were very few i.e. 12%.

Findings from the table also indicate that most of the mothers (50%) had one or 2 children and most of their children were between 6-12 months (54%).

The results in the table above also indicated that the highest level of education attained by the respondents was primary level (60%) and the least being tertiary level (12%)

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Knowledge about complementary feeding among mothers of children from 6-24 months.

Table 1: Showing knowledge of mothers towards complementary feeding.

Variables	Frequency	Percentage
Mothers who had ever had about complementary feeding and knew what it's all about		
Those that had ever heard about complementary feeding. Those that had never had about complementary feeding.	34 16	68 32
Knew examples of complementary foods		
At least two foods More than two foods	40 10	80 20
How often are complementary foods given		
On-demand According to timetable Not sure	23 21 6	44 42 12
Source of information on complementary feeding		
Family members Medical staff Media Traditional birth attendant	16 27 5 2	32 54 10 4
A child's main meal should be a mixture of many food items from grains/cereals, meat/eggs/poultry, fish, legumes, root tubers, fruits/vegetables, fats and oils, and above five must be fed to a child every day.		
Agree Disagree Not sure	19 7 14	58 14 28
Fruits and vegetables are suitable complementary foods.		
Agree Disagree	34 16	68 32
TOTAL	50	100

Source: Primary data

Table 2, 68% of mothers had ever heard about complementary feeding and knew what it is all about with 80% of the mothers giving at least two examples of complementary foods. Information on complementary feeding was mainly obtained from medical workers (54%) followed by family members (34%). 72% of the mothers knew that complementary food was a mixture of a variety of foods. i.e. carbohydrates animal and plant proteins, vitamins, fats, and oils with 68% supporting the addition of fruits and vegetables to the diet 44% of the mothers agreeing to feed children on demand while 42% of them accepted that it must be on timetable.

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Respondents' knowledge of the initiation and duration of complementary feeding.

Figure 1: showing respondents' knowledge of when to introduce complementary foods to their children.

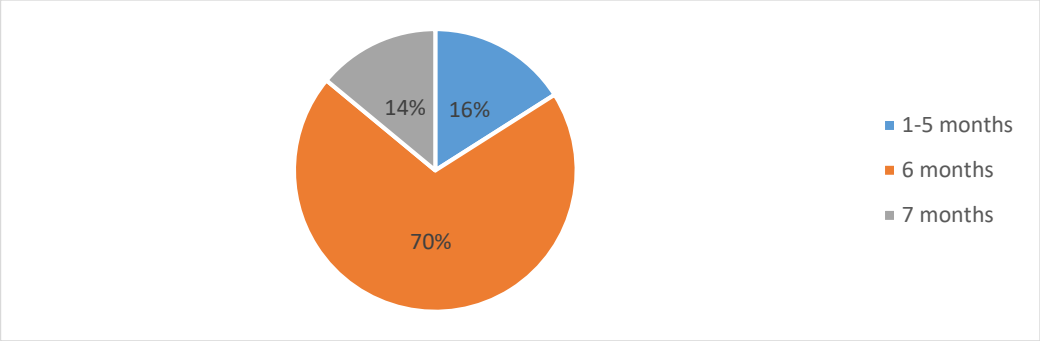

Figure 1, the majority of the respondents (70%) knew that complementary feeding starts at 6 months the least (14%) knew that it can be started from 1-5 months of age.

Figure 2: Respondents' knowledge of several times a child should be given complementary foods a day.

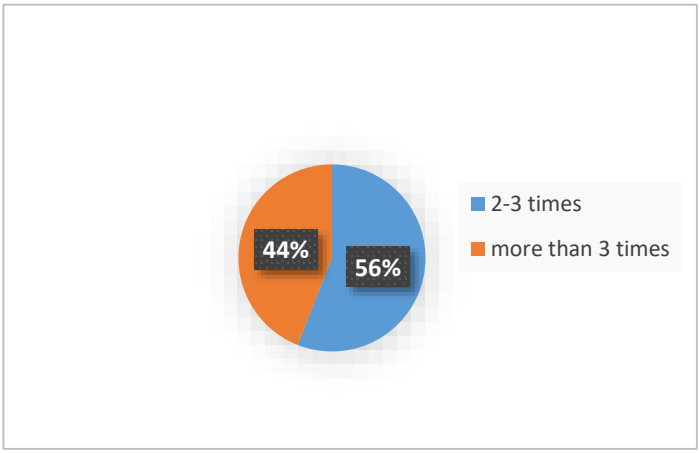

Figure 2 shows that 56% of mothers accepted that children should be given complementary foods more than 3 times a day while 44% of them said that children should be given complementary foods 2-3 times a day.

Table 2: Showing duration of complementary feeding from 6months.

Years	frequency (n)	Percentages (%)
Until 1 and ½ years	8	16
Until 2 years	39	78
Not sure	3	12
TOTAL	50	100

Table 3, 78% of mothers accepted that complementary feeding should continue up to two years while 16% said it should stop at one and a half years then others were not sure of the exact duration of complementary feeding.

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Attitude of mothers toward complementary feeding

Table 3: Showing the attitude of mothers towards complementary feeding in percentages

Statement	SA(%)	A(%)	N(%)	D(%)	SD(%)
Complementary feeding should be strictly introduced at 6 months of age.	30(60%)	8(16%)	2(4%)	1O(20%)	0
Indeed, breast milk alone is not enough for the baby at 6 months and beyond and, other foods should be introduced.	33(66%)	9(18%)	4(8%)	4(8%)	0
Some foods are bad and heavy for children to digest e.g., eggs.	27(54%)	10(20%)	8(16%)	6(12%)	0
Feeding should be stopped during illness.	4(8%)	12(24)	3(6%)	28(56%)	5(10%)
Complementary feeding is vital for child development.	26(52%)	10(20%)	9(18%)	5(10%)	0
A high level of maternal education for initiation of Complementary feeding is vital.	2O(40%)	13(26%)	8(16%)	5(10%)	4(8%)
Children should eat from family pots from 6 months onwards.	0	0	7(14%)	20(40%)	23(46%)
TOTAL	50(100%)				

Table 4, the majority of mothers i.e. 60% (30/50) strongly accepted that complementary feeding should be strictly started at the age of 6 months with 66%(33/50) strongly accepting that breast milk is not enough for the baby at the age of 6 months and above and hence complementary foods should be introduced. 48% of the respondents strongly disagreed that some food e.g. eggs are so hard for the baby to digest with 56% of them disagreeing on stopping complementary foods during illness.52% of mothers also believed that complementary foods are vital for child development with 40% of them strongly accepting that a high level of maternal education is vital in the timely initiation of children on complementary feeding. 46% of them strongly denied that children at 6 months onwards should eat from family pots.

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Respondents' complementary feeding practices

Table 4: Showing complementary feeding practices of mothers.

Variables	Frequency(n)	Percentage(%)
Age of starting complementary feeding.		
1-5 months	18	36
At 6 months	24	48
7 months or above	8	16
Reasons for Introducing complementary foods earlier before 6 months. (For those that started earlier) (n=18)		
The baby was crying a lot.	3	16.6
Mother didn't have enough milk.	9	50
Work	4	22.2
Illness	2	11.1
Others	0	0
Respondents still breastfeeding while offering complementary foods.		
Yes	31	62
No	19	38
Number of times the baby is fed per day.		
2-3 times	27	54
More than 3 times	23	46
Types of foods given to the baby in one selected meal (one from different classes e.g. animal or plant protein, carbohydrates, fruits, and vegetables.		
1-4 classes	26	52
Above 4 classes	24	48
Types of foods offered when starting complementary feeding.		
Foods	16	32
Porridge	21	42
Milk	7	14
Eggs	6	12
Others	0	0
Utensils are used during feeding the baby.		
Bottle	26	52
Cup	18	36
Spoon	6	12
Child's way of feeding during illness		
Less amount	40	80
Same amount	1O	20
More amount	0	0
TOTAL	50	100

Source: Primary data

Table 5, 48%(24/50) of the mothers introduced complementary feeding at the age of 6 months. 36%(18/50) of the mothers introduced below 6 months 62%(9/18) claimed the reason was due to not having enough breast milk and 22.2%(4/18) said that it was due to work. 62%(31/50) of the mothers continued to breastfeed their children during complementary feeding. 54%(27/50) of the mothers fed their children 2-3 times a day. The majority 42% of children first started on porridge while 14% started on milk. 52% of the mothers used bottles to give complementary foods to their children. 80% of them reported that the children were fed less during illness.

Hygienic practices toward complementary feeding

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Figure 3: shows several mothers who washed their hands before feeding their children. n =50

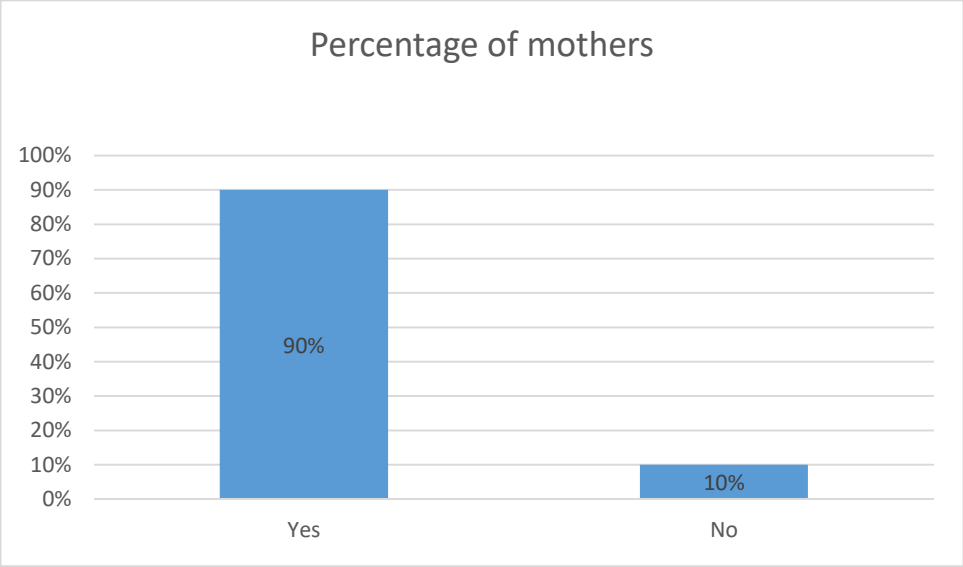

Figure 3, the majority of the mothers (90%)washed their hands before feeding their children and only 10% didn't do so.

Figure 4: showing number of mothers that boiled drinking water.

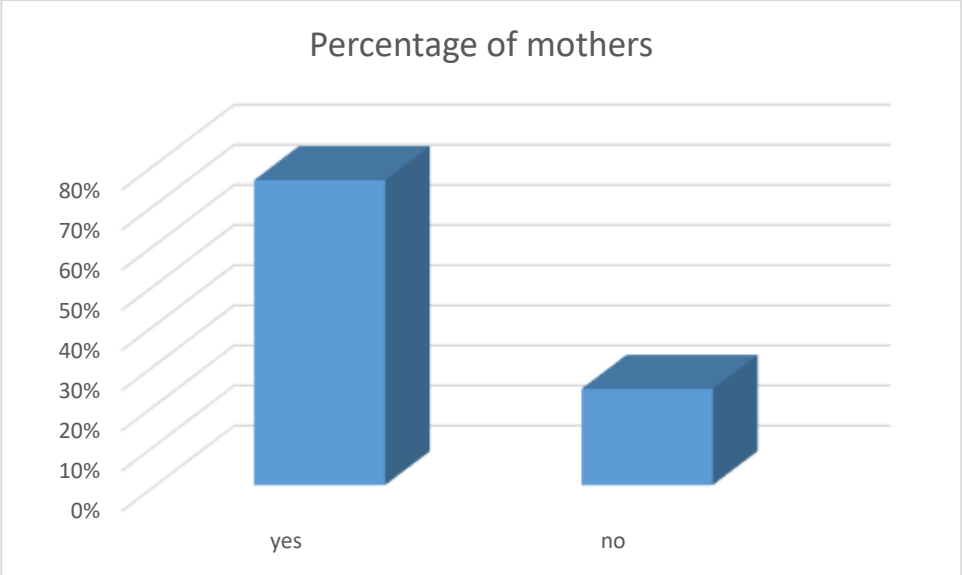

Figure 4, more than half (76%) of the respondents boiled drinking water with only 24% that did not boil drinking water for their children.

DISCUSSION

Knowledge about complementary feeding practices

The study found out that above half (68%) of the mothers knew about complementary feeding with 70% of the mothers stating that CF should be started at 6 months while 30% of the mothers could not state the exact age of onset of complementary feeding, 80% of the mothers knew at least two examples of complementary foods while 20% knew more than two and 78% of the mothers knew that complementary feeding should be given for a period between 6 to 24 months. The mothers' main sources of information on complementary feeding were medical workers (54%), family members (32%), media (10%), and 4% from TBA. These results are in line with (Prossy Nassanga, 2018)who found that in the Acholi sub-region in Uganda, 90.1% of the mothers had good knowledge about the onset frequency and period of CF however the results disagree with (Selam Deksiyous Muluye, 2020) who found out that in Ethiopia 54% had good CF knowledge including types of foods, frequency and the time of initiation of CF. This is because most mothers had heard CF from medical workers, family members, media, TBAs friends, and neighbors. This implies that there is an established means of delivering information regarding CF to mothers to ensure appropriateness of information though effort must be increased to ensure that all mothers receive information about complementary feeding.

The study found that 56% of the mothers knew complementary food was a mixture of different classes of food for example cereals, grains, eggs, milk, and beans while 28% declined with 16% not being sure. 68% of the mothers reported that fruits and vegetables are good complementary foods while 32% declined. 70% of the mothers said complementary foods should be given above 3 times a day while 30% said it should be between 2-3 times 46% of the mothers reported that children should be fed according to the demand perceived by the mother while 42% reported that it must be according to the timetable while 12% were not sure. These results agree with (N Ulak, 2020) who conducted a study in Nepal and found that out of 237 children, 55.3% had good meal frequency(fed above 3 times a day), 47.7% were given a minimum number of four food groups and only 19% were fed on time. However, they disagree with (Folake Samuel Olukemi, 2020) who conducted a study in Nigeria and found that only 33.6% met a minimum meal frequency(fed at least 3 times a day and only 14.5% received a meal containing above 3 food groups which included cereals, cow milk, yams. This implies that the mothers in the community still need to be educated on the minimum meal frequency to know the exact times the child must be fed in the day and the minimum food types that are composed in the meal to attain a good meal dietary diversity.

Attitude of mothers toward complementary feeding

The study found that 60% of the mothers strongly accepted that complementary feeding should be strictly started at 6 months with 52% of the mothers reasoning that at 6 months breast milk is no longer enough for the baby hence other suitable foods should be added. These results are in line with (Chelachew Abiyu, 2020)who conducted a study in Ethiopia and found that 51% of the mothers had a favorable attitude about the initiation of complementary foods with 66% of them being knowledgeable on the reasons for initiation of complementary foods among children aged 6 -24 months.

The study also found out that 54% had a negative attitude towards some foods as they claimed that they were bad, associated with problems such as making a child dumb or stutter in the future and other foods were claimed to be hard to digest. These results are in line with (Mogyomba et al., 2015) who conducted a study in Pemba, Tanzania, and found that the majority of the mothers did not give locally available fish to the children because they believed it caused tooth decay and worm infestation.

The study found that mothers' attitudes towards complementary feeding and illness varied as 56% of the mothers accepted that proper complementary feeding should be continued during illness while 24% thought complementary feeding should be stopped during illness. These results correlate with (Mohsin et al., 2014) who in their study found that the attitude of mothers towards feeding during illness varied, 56.5% of mothers thoughtless food should be given during silliness, 21.7% thought food should be withheld during illness and 13% thought the same amount of food should be given during illness. Only 3.6% of mothers considered adding an extra amount of food necessary.

Practices of mothers in complementary feeding

A study found that not even half (48%) of the mothers started complementary feeding at six months, 36% started below 6 months, and 16% started from 7 months and above. Of those that started below 6 months, 50% gave their reason as not having enough breast milk, 22.2% due to work, 16.6% due to a baby crying a lot, and 11.1% due to illness. 54% of the mothers fed their children 2-3 times a day while 46% fed their children above 3 times a day. 62% of them continued with breastfeeding while giving complementary foods whereas 38% of them stopped breastfeeding when complementary foods were given. 46% of the mothers offered at least five types of foods each from animal protein, plant protein, carbohydrates, fruits, and vegetables while

52% of them gave at least 1-4 types per meal. Most foods given were milk (41.7%), porridge (35%), eggs(14%), and Irish potatoes(12%). These results correlate with those (Edward L.Ssemukasa, 2014) who conducted a study in Wakiso, Uganda, and found that 22% of mothers were introduced to other foods before one month, 14% at 1-3 months and 6% between 4-6 months and the rest above 6 months. Also, a study done in Arua, Uganda indicated that MDD was 13.2% which indicated that children were fed on at least five types of food per meal and MMF was 41.2% which indicated that children were fed at least three times a day.

52% of mothers used bottles to feed their children 36% used a cup and 6% used spoons. 76 boiled drinking water, 90% of the mothers washed their hands before feeding their children. These results agree with (Mohsin et al., 2014) who conducted a study about hygienic practices and found that 92% of mothers washed their hands and 71% boiled drinking water before giving it to their children.

Study Limitations

- Inadequate finance since no external source of funds is provided for the study.
- Language barrier since the patients come from different regions of the country and are residents of the study area.
- Limited time since some respondents did not have enough time to fill out the whole questionnaire.
- Hostile respondents affected the study negatively.

Conclusion

Most of the mothers knew about complementary feeding while most mothers had poor attitudes and poor practices towards complementary feeding.

Recommendation

The Ministry of Health and other organizations involved in health programs should explore factors that influence mothers' knowledge of complementary feeding hence the child's nutritional status intending to take appropriate action to improve complementary feeding practices. Positive cultural beliefs on complementary feeding practices should be encouraged and negative ones discouraged.

Accurate information and education should be given to mothers and caregivers about the appropriate time for initiating CF, complementary foods, preparation, and practices to prevent malnutrition and improve the status of the children. Mobilize more experienced mothers to mentor new mothers and help reinforce messages given by health workers about CF.

Collaborate with food security and livelihood actors to strengthen nutrition messages and reduce practical barriers to increasing dietary diversity.

Empowering women in terms of social education as seen in the current study, education positively enhances the correct timing of initiation of complementary feeds. Health education during antenatal care, child welfare, and nutritional clinics should educate mothers, enhance positive cultural beliefs on exclusive breastfeeding and complementary feeding practices in the community, and also discourage the negative practices in the country as identified in the study.

Complementary feeding education targeting behavioral change among young, single, and uneducated mothers of developing countries is important to reduce child morbidity and mortality.

Nutritional education interventions need to focus on enhancing mothers' awareness about complementary feeding with emphasis on the importance of introducing complementary foods at the age of 6 months to every child, meal frequency (2 to 3 meals at the age of 6 to 8 months and 3 to 4 meals at the age of 9 to 11 months and 4 meals plus 1 or 2 snacks in addition to the breast milk at the age of 12 to 24 months). The principles of food diversity (grains, vegetables, fruits, meat, dairy products nuts, oils, fats, and sweet foods) and the principles of responsible feeding (the mother keeps eye contact and talks to her child while feeding him/her, the mother encourages her child to eat by offering a reward) at community and household levels in Uganda.

Educating girls and women would turn out to have long-lasting impacts on the health and nutrition of children in Uganda. Educating a woman can be seen as impactful as educating the entire family.

There is a need to conduct a longitudinal study to establish the whole array of factors that influence complementary feeding practices over some time since this study focused on mothers' knowledge, attitudes, and practices.

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List of abbreviations

CF: Feeding	Complementary
MAD: Diet	Minimum Acceptable
MCH: Health	Maternal Child
MCHC: Health Care	Maternal Child
MDD: Diversity	Mean Dietary
MMF: Frequency	Minimum Meal
TBA: Attendants	Traditional Birth

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