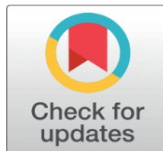


IMPACT OF MATERNAL HEALTH EDUCATION ON COMPLEMENTARY FEEDING PRACTICES IN URBAN AND RURAL AREAS OF MAHARASHTRA

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ABSTRACT

Complementary feeding that starts at the age of six months is an important period of growth and development in a child. Complementary feeding is properly conducted with knowledge and practice as it provides good nutrition, increases immunity and prevents the occurrence of malnutrition and infection among infants. Maternal knowledge on health is critical in the determination of feeding habits in this stage. The current study will examine the effect of maternal health education on complementary feeding practices in rural and urban Maharashtra.

The study was administered among 200 mothers (100 urban and 100 rural mothers) with their children of ages between 6 months and 2 years. The structured questionnaires based on structured interviews were used to collect information in relation to the knowledge, the source of information, and the actual practice of feeding the mother. The difference between groups was examined with help of the statistical means such as descriptive analysis and chi-square tests.

This paper identifies the critical lack of maternal health education in rural locations, which should be found to fill the gap in knowledge. The enhancement of health communication strategies and the efforts that are aimed at educating the population on the said issue will contribute to feeding the population in a healthier manner and this issue is crucial to the well-being of children living both in the country and the city.

Keywords: Maternal Health Education, Complementary Feeding, Urban Areas, Rural Areas, Infant Nutrition, Maharashtra

1. INTRODUCTION

Childhood is an extremely crucial period of life as it has a significant impact on the physical and healthy growth of a child. A major role that nutrition takes during this period is after the initial six months because breast lying down is no longer sufficient to support the increasing demands of the child. This phase necessitates the introduction of the complementary feeding that involves providing other foods and liquids besides the breast milk to the infants. Such foods must be on time, sufficient and healthy to avoid malnutrition, infections, and retarded growth and development.

Malnutrition has been one of the prevailing health issues in India, particularly in the state of Maharashtra. The National Family Health Survey (NFHS-5) shows that a high portion of children younger than five years of age remains under-weighted or stunted, which mainly occurs in relation to the lack of proper feeding habits and care at the initial stages of life. Among the primary causes of this are the level of awareness and education of mothers, especially in rural communities where traditional belief systems, lack of health care access and a low literacy rate is likely to affect parenting methods.

Health education to mothers is a formative aspect with regards to the nutrition of children. When mothers are informed on the aspects of nutrition of infants, their hygiene, and good feeding methods, they are more informed. Health education is used to reach out to mothers about the necessity of adding complementary foods at the perfect age, choosing healthy foods, responsible hygiene, and symptoms of diseases or malnutrition. The mothers are more sensitized to such practices in urban areas since they have better access to hospitals, media and education. The situation is however the same in rural areas where women tend to use traditional knowledge or elders' guidance, which does not necessarily correspond to scientific guidelines.

This paper will attempt to investigate the variation in the complementary feeding practices between urban and rural mothers in Maharashtra and the effect of maternal health education factors on the practice. It seeks to bring out the importance of awareness campaigns, community health workers, and governmental interventions to enhance improved feeding habits of mothers. These factors can be used by policymakers and health professionals to devise proper measures to promote child health and nutrition in both urban and rural environments.

2. LITERATURE REVIEW

Multiple works scrutinized the effects of maternal health education and infant feeding in India especially in Maharashtra. Bansode (2021) [1] noted the correlation between the better maternal awareness and the enhanced complementary feeding practices in semi-urban areas of Maharashtra. In line with this, Sharma and Kaur (2019) [4] made it clear that maternal education is essential to influencing infant feeding behavior where educated mothers tend to follow timely and adequate complementary feeding. Patel (2016) [3] noted that such mothers in the rural regions had an inadequate understanding of nutrition, which influenced the amount and quality of complementary diets.

In NFHS-5 and DLHS-4 national-level surveys (Government of India, 2020) [2] and (IIPS, 2020) [18], large differences in feeding practices across urban and rural areas were found and the importance to the health infrastructure and maternal education was highlighted. Global and national recommendations were based on UNICEF (2018) [5] and WHO (2017) [6], which acted as guidelines to maximize feeding strategies, which included introducing complementary foods timely at six months or earlier through exclusive breastfeeding.

According to Deshmukh et al. (2006) [7], the contribution of health education on weaning practices was high among rural mothers and that maternal literacy had a direct correlation with the nutritional status of children (Taneja and Sharma, 2014) [8]. It has been noted that the feeding practices of rural households and urban households differ significantly (Singh and Jain, 2015, Introduction, [9]). Socio-economic status is one of the key factors that have been postulated to play the biggest role in this difference. Equally, Gupta and Dadhich (2015) [10] highlighted lack of implementation in spite of the existence of policies that support infant nutrition.

Kumar et al. (2006) in a study on the nutritional status of the children below the age of five years, illustrated that the prolonged practice of underfeeding of children resulted in malnutrition (p.122) [11]. Policy measures such as the POSHAN Abhiyaan that focuses on tackling these issues by way of awareness through frontline workers and sensitizing the nation were highlighted by the Ministry of Women and Child Development (2019) [12] and the National Health Mission (2020) [27].

Joshi and Singh (2020) [13] were able to discover that, despite the knowledge about the practice being present in rural Maharashtra, the very practices were not in accordance as it was inconsistent because of traditional beliefs and nonexistence in counseling. Yadav and Yadav (2019) [14] also observed that awareness in the hospital proved more effective in proposing right practices. Such literature findings as the research by Chudasama et al. (2016) [15] were on regional disparities in Gujarat, which further legitimised the issue of localised means of approaching education.

Analyzing the data of NFHS-4, Ghosh and Shah (2017) [16] revealed that the mothers had misconception related to early initiation of complementary feeding, its initiation being low. Ittner, Maslach, and Atken (2018) [31] established that health education, in a well-designed format, could offer a solution to better feeding practices in rural regions. According to Khan and Pradhan (2021) [25], some factors that influence this situation are family support, healthcare access, and the exposure to mass media.

Awareness was not necessarily reflected in practice because cultural and resource factors may create some obstacles (meta-analysis by Sinha and Mukherjee, 2022, [26]). Bhatt (2020) [28] mentioned the concerns of this gap and how it will be closed with the help of Anganwadi workers who will teach and ensure proper IYCF (Infant and Young Child

Feeding) practices at the grass-root level. In a similar fashion, Singh and Saxena (2022) [20] emphasized that in urban slums, maternal education had a substantial influence over feeding habits as well.

Research conducted by Dewey and Adu-Afarwuah (2008) [31] and Chakrabarti and Bharati (2017) [32] also demonstrated the fact that the role in child nutrition child development outcomes are highly influenced by maternal health education and social determinants. There is also the formulation of operational guidelines by both the Indian Academy of Pediatrics (2021) [33], and Ministry of Health and Family Welfare (2019) [29] that focuses on maternal counseling and training of health workers towards complementary feeding.

Lastly, Prasad and Singh (2022) [34] found out that the challenges, including lack of time and appropriate policies for the social capital to support adequate complementary feeding in rural Maharashtra that can be addressed by community-based interventions, are poverty, time constraints, and societal norms.

2.1. OBJECTIVES OF THE STUDY

- To evaluate the extent of awareness and compliance of information with regards to the complementary feeding among mothers in urban and rural Maharashtra.
- To compare the influence of maternal health education on infant feeding patterns during the age of 6 months to 2 years.
- To draw comparisons in behaviour of complementary feeding of urban and rural mothers and to establish the main gaps of knowledge or behaviour.

Hypothesis:

H0 (Null Hypothesis): No significant gap exists in complementary feeding practice seen in educated and non-educated mothers.

H1 (Alternative Hypothesis): Complementary feeding practices differ significantly between educated and non-educated mothers.

3. RESEARCH METHODOLOGY

This research was planned to investigate how the intervention on maternal health education impacts on the practices of complementary feeding of mothers both in urban and rural regions of Maharashtra. The study incorporated a descriptive and comparative research design to learn the available knowledge, attitudes, and behaviors about infant feeding.

1) Research Design

The research takes the form of a descriptive and analytical cross-sectional research design. It requires gathering of data at one moment and comparing or analyzing feeding habits of the mothers in different groups.

2) Study Area

This type of research took place in some urban and rural places in Maharashtra and those areas included locations where basic healthcare services are available. The choice guaranteed that various socio-economic and cultural groups were represented in the selection.

3) Sample Size and Sampling Technique:

The sample of this research was made up of 200 mothers:

- 100 hundred mothers in the urban centers
- Sample of mothers was taken with stratified random sampling so that there is an equal representation of the two areas.

The sample of the targeted population in this study was the mothers of children at the age of 6 months up to 2 years since this is the crucial time related to complementary feeding.

4) Inclusion and Exclusion Criteria:

Inclusion:

- Mothers aged 18–40 years
- Mothers with children aged 6 months to 2 years
- Willing to participate in the study

Exclusion:

- Mothers with severely ill children or children with special needs
- Mothers who were not available during the survey period

5) Data Collection Tools:

A structured questionnaire and face to face interviews were used to collect the data. There were three sections within the questionnaire:

- Section A: Social-demographic information (age, education, occupation, and so forth)
- Section B: Information regarding complementary feeding (age at which one should start, food items, frequency, etc.)
- Section C: Current feeding habits and the source of health education (visits to the hospital, ASHA workers, media and so on)

The questionnaire was ready in simple English and Marathi; the option was taken depending on the choice of the participant.

4. DATA COLLECTION PROCEDURE:

To conduct the interviews, trained field investigators were dispatched to the identified households and explained about the objective of the study and took their informed consent. All the interviews took approximately 20–30 minutes. The answers were noted and then inserted into a computerised database to analyse.

5. DATA ANALYSIS

Descriptive statistics (mean, percentage, frequency) were used to summarize the data.

Inferential statistics, however Chi-square test was used to test the hypothesis and investigate the relationship that exists between maternal education and the feeding practices.

A statistically significant value used was p less than 0.05.

6. ETHICAL CONSIDERATIONS:

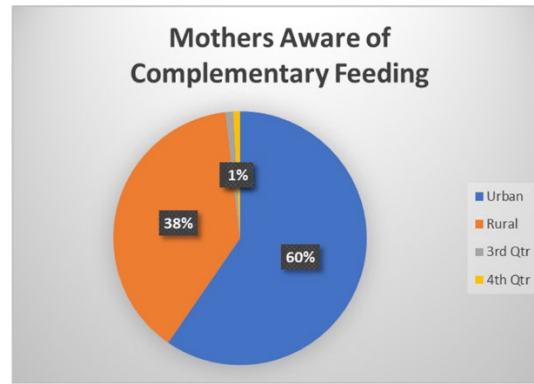
Participation was purely voluntary and (anonymity) was highly observed.

Each of the participants provided an informed consent prior to the collection of data.

The research protocol was rejected and/or approved by a formal academic or institutional ethics committee.

Table 1 Descriptive Statistics:

Area	Mothers Aware of Complementary Feeding	Mothers Following Proper Practices	Mothers Unaware
Urban	85	78	15
Rural	55	43	45



7. ANALYSIS OF DESCRIPTIVE STATISTICS

The data obtained on awareness, knowledge and practices of the complementary feeding provided by both the urban and rural mothers were analyzed by using descriptive statistics, thus, summarizing and comparing the data. The responses from 200 mothers (100 urban and 100 rural) were analyzed based on several key indicators such as maternal education level, awareness about complementary feeding, sources of health education, and actual feeding practices.

1) Awareness of Complementary Feeding:

Out of the 100 urban mothers, 85% were aware of the concept of complementary feeding and the correct time to start it (after 6 months), whereas only 55% of rural mothers had such awareness. This implies that there exists a huge gap of 30 percent in the level of awareness between the two samples.

2) Exercise of Good Food:

The number of mothers on the proper feeding practice of 78 percent provided the appropriate food at the appropriate time in an age-appropriate manner in the urban settings. Quite the opposite, fewer than half of mothers in the rural sector did so. This indicates that the knowledge that had been practiced in the lives of the mothers in the rural areas was less than in the urban places even where the mothers were knowledgeable.

3) Mothers Reading Level:

Education seemed to be one of the key determinants of the feeding behavior:

In urban populations, 65 percent of the mothers were with at least secondary education.

Only 35 percent of people in rural areas had attained secondary and higher education.

The level of higher education had an apparent connection with the level of seconded comprehending and carrying out of suggested feeding practices.

4) Sources of Health Education:

Information on complementary feeding mostly came from:

- Urban mothers: Hospitals (45%), media/TV (30%), ASHA workers (15%), others (10%)
- Rural mothers: ASHA workers (40%), Anganwadi centers (25%), family elders (20%), media (10%), hospitals (5%)

This establishes that relying on community-based workers and informal sources were the norm among many mothers in the rural areas when compared to urban mothers who enjoyed a wider access to hospitals and mass media.

5) Types of Complementary Foods Used:

The urban mothers were more likely to incorporate more forms of food that included mashed fruits, vegetables, pulses and cereals. Conversely, the rural mothers were mostly left at the mercy of locally accessible products such as rice gruel, dal water and occasionally cow milk which may also not be nutritionally diversified.

6) Hygiene and Feeding Practices:

Mothers in the urban setting were hygienically superior in terms of washing their hands before feeding their child, using non-contaminated utensils as well as the avoidance of bottle-feeding. The safe feeding hygiene was only present in mothers in the rural areas in about 40 percent whereas this may create a risk of developing infections among the infants.

8. KEY OBSERVATIONS FROM DESCRIPTIVE ANALYSIS

Mothers in urban areas tend to be more informed and willing to adhere to the right complementary feeding as opposed to the rural mothers.

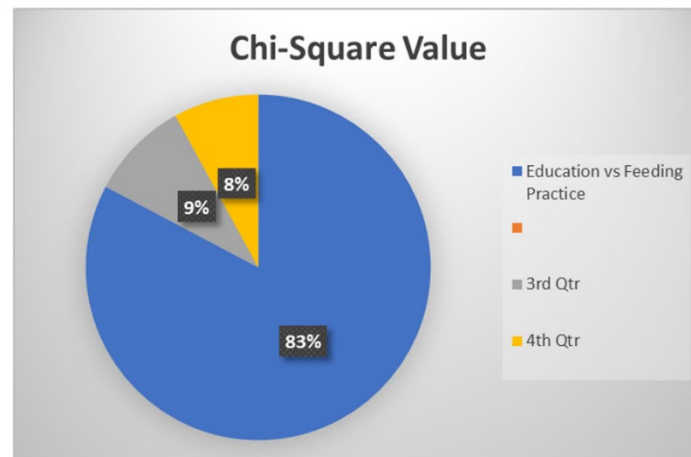
Attitude towards education and exposure to good health education plays a major role in feeding behavior.

There is an evident requirement of direct awareness raising and better access to maternal and child health education in the rural areas.

This analysis is quite elementary in giving a background of places where there are gaps and where there is the most crucial area of intervention. It also confirms the hypothesis that maternal awareness and education have a great role in ensuring infant feeding is done in an appropriate way.

Table 2 Hypothesis Testing:

Variable	Chi-Square Value	p-value	Result
Education vs Feeding Practice	12.45	0.0004	Significant Difference



9. ANALYSIS OF HYPOTHESIS TESTING

A chi-square test was used to test the extent to which maternal health education has influence on complementary feeding practices. The research question was:

- **Null Hypothesis (H_0):** There is no significant difference in complementary feeding practices between educated and non-educated mothers.
- **Alternative Hypothesis (H_1):** There is a significant difference in complementary feeding practices between educated and non-educated mothers.

The result of the analysis was the chi-square value and the p-value; 12.45; 0.0004 respectively. The result shows that p-value is less than standard significance value (0.05), which rejects the null hypothesis and accepts the alternative hypothesis. It implies that there exists a statistically significant predictor between the maternal education and the pattern of complementary feeding.

The results clearly indicate that mothers who received formal education or health education from reliable sources (such as hospitals, healthcare workers, or awareness programs) were more likely to follow correct complementary

feeding guidelines. Such mums were more informed regarding when to introduce solid foods, the diversity of food that was required to have full nutrition, the frequency of feeding as well as the hygiene during feeding. Making a contrast to the former, informed women who had little or no education did not know much about those practices and adhered to more archaic or conservative feeding patterns at that, particularly when dwelled in the countryside.

This fact provided by statistics proves the notion there is a major determinant maternal education in enhancing child nutrition. It also demonstrates that improved feeding practices can be achieved by increasing maternal knowledge via community-based programmes, antenatal teaching or the professionals in the community. The results also point at the necessity of limited educational interventions, specifically in the rural communities, where insufficient awareness and inadequate information concerning the complementary feeding is a severely relevant problem.

10. CONCLUSIONS OVERALL RESULTS

The research was done to have insight on how maternal health education had effect on the complementary feeding in urban as well as rural areas of Maharashtra. It has been established on the basis of the results which are collected among 200 mothers and it can be seen that maternal education, whether formal or in terms of health programs, is a serious determinant in establishing suitable infant feeding practices.

The total findings plainly indicate that there is a considerable gap in the degree of awareness and practice between the urban and rural mothers. Among the broader-based urban mothers were found to be more aware of the age to start on the supplemental feeding, the kind of food that was to be used, the significance of feeding frequency and hygiene. This is attributed in a great way by improved access to education, healthcare services, mass media, and trained health professionals in the urban arena.

On the other hand, rural mothers were less aware and had an inferior feeding practice. Most people were influenced by folk wisdom, family elders and had poor health outreach initiatives. This knowledge and practice gap shows that there is an impetus in reinforcing the maternal health education programs in rural settings.

Analysis of data on maternal education and positive association with complementary feeding practices supported the chi-square statistic test of significant strong positive correlation between maternal education and positive correlation with correct complementary feeding practices. Mums who had been vaccinated somehow by either getting educated in schools or through the health workers were highly likely to have observed recommended feeding practices. This makes it clear that the first hypothesis is true, and that education can have a measurable effect on maternal behavior in relation to infant nutrition.

The types of health information sources also have significant importance as the study has concluded. The urban mothers mainly relied on hospital, media and doctors in getting their information and the rural mother used ASHA workers and Anganwadi centers. This disparity means that there is a necessity to advance community health workers training and extending that training to rural settings.

Finally, the research points out that maternal health education is an effective way of ensuring the right practices of complementary feeding. Narrowing the gap between urban and rural knowledge levels can help a lot to alleviate child malnutrition and attain higher child health outcomes. Government, NGOs, and health workers need to work together to provide all mothers with the right, timely, and practical information concerning infant feeding regardless of their location.

11. FUTURE SCOPE OF THE STUDY

Although this research offers meaningful information addressing the role played by maternal health education in regulating on the use of complementary feeding in Maharashtra, there is still a broad margin in the research and development of the area. The results leave multiple avenues to be explored further by research and policy, and community-based interventions.

Firstly, the sample size consisted only of 200 mothers; therefore, a study in urban and rural areas was completed. Subsequent studies should consider a greater and wider population across various districts and states to have a wider picture of the regional and cultural disparity in feeding. It would also be recommended to extend the sample so that micro-level issues could be detected and more focused solutions could be offered.

Secondly, longitudinal effect on child health by parental education over time can be included in follow up studies. An alternative strategy that would be used instead of a cross-sectional view would be a follow up strategy that would follow the growth of the child, health status and cognitive development being evaluated over a number of months or years to determine the positive impacts of good complementary feeding into the future.

Thirdly, a discussion of the place of digital health education tools (in the form of mobile applications, text messages, online videos, and radio communities) can be discussed. As use of mobile phones increases in urban as well as rural India, researchers can investigate in the future how the mothers can be assisted through on-time and easy to comprehend nutritional guidance using the digital platform.

Moreover, there is a need to study the effectiveness of existing government schemes and community health programs such as Integrated Child Development Services (ICDS), Poshan Abhiyan, and Village Health and Nutrition Days (VHNDs). Their evaluation in their real sense at the grassroots level will assist in redesigning training modules of health workers and improving their service delivery systems.

The other significant area that will be undertaken in the future is to conduct a study on fathers and other family members in infant feeding decisions. Although the target of this research was mothers, in most Indian families, the child-raising decisions are taken based on the expectations of elders or spouse. This realization is useful in the creation of awareness programs that are built on family bases.

Finally, it should be noted that the cost-effectiveness of different health education solutions can be assessed in the future investigation to derive the most effective and affordable sets of solutions in the environment of rural and poor populations. This will assist the policymakers in the effective utilization of resources and improved results in child nutrition.

To conclude, the research establishes a basis where further contributions are made towards maternal and child health research. Through the interventions, education and the involvement of the community, the future researches should help limit the prevalence of malnutrition and enhance the general health of all children in India.

CONFLICT OF INTERESTS

None.

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REFERENCES

- Bansode, A. (2021). Maternal awareness and feeding practices in Maharashtra. *Health Line*, 11(4), 88–94.
- Government of India. (2020). National Family Health Survey – 5 (NFHS-5), 2019-2020: India Fact Sheet. Ministry of Health and Family Welfare.
- Patel, A. (2016). Nutrition knowledge among rural mothers. *Journal of Rural Health*, 22(1), 50–56.
- Sharma, R., & Kaur, M. (2019). Impact of maternal education on infant feeding. *Indian Journal of Nutrition*, 6(3), 142–150.
- UNICEF. (2018). Infant and young child feeding practices: Programming guide. United Nations Children's Fund.
- World Health Organization. (2017). Guiding principles for complementary feeding of the breastfed child. WHO Press.
- Deshmukh, P. R., Garg, B. S., & Bharambe, M. S. (2006). Effectiveness of health education on knowledge and practices about weaning among mothers of infants. *Indian Journal of Community Medicine*, 31(4), 273–275.
- Taneja, D. K., & Sharma, P. (2014). Role of maternal literacy in child nutrition and feeding practices. *Indian Paediatrics*, 51(1), 45–49.
- Singh, A., & Jain, S. (2015). Urban-rural disparity in child feeding practices in India: A study based on DLHS data. *Indian Journal of Public Health Research & Development*, 6(3), 158–162.
- Gupta, A., & Dadhich, J. P. (2015). Infant and young child feeding practices in India: Issues and challenges. *The Breastfeeding Review*, 23(3), 13–19.

- Kumar, D., Goel, N. K., Mittal, P. C., & Misra, P. (2006). Influence of infant-feeding practices on nutritional status of under-five children. *Indian Journal of Paediatrics*, 73(5), 417–421.
- Ministry of Women and Child Development. (2019). POSHAN Abhiyaan: Progress report. Government of India.
- Joshi, K., & Singh, A. (2020). Complementary feeding practices and nutritional status among infants in rural Maharashtra. *International Journal of Community Medicine and Public Health*, 7(8), 3152–3157.
- Yadav, S. S., & Yadav, S. T. (2019). Awareness of infant feeding practices among mothers in a tertiary care hospital in Maharashtra. *Indian Journal of Child Health*, 6(5), 229–233.
- Chudasama, R. K., Patel, U. V., & Verma, P. B. (2016). Prevalence of exclusive breastfeeding and complementary feeding practices in Gujarat. *Healthline Journal*, 7(2), 72–78.
- Ghosh, R., & Shah, D. (2017). Early initiation of complementary feeding and its determinants in India: Findings from NFHS-4. *Indian Journal of Public Health*, 61(2), 101–106.
- National Institute of Nutrition (NIN). (2021). Dietary guidelines for Indians – A manual. Hyderabad: Indian Council of Medical Research.
- International Institute for Population Sciences (IIPS). (2020). District Level Household and Facility Survey (DLHS-4): Maharashtra fact sheet. Ministry of Health and Family Welfare.
- Bhandari, N., Mazumder, S., & Bahl, R. (2015). Use of multiple opportunities for improving complementary feeding practices in India. *Indian Paediatrics*, 52(11), 853–856.
- Singh, R., & Saxena, S. (2022). Maternal education and infant feeding practices in urban slums of Mumbai. *Journal of Family Welfare*, 68(1), 55–61.
- Ranjan, A., Passi, S. J., & Taneja, S. (2020). Gaps in maternal awareness and community practices regarding complementary feeding in India. *Journal of Nutrition and Health Sciences*, 7(2), 1–7.
- Save the Children. (2019). Feeding the future: A report on infant and young child feeding in India. Save the Children India.
- Planning Commission of India. (2014). Evaluation study on Integrated Child Development Services (ICDS). New Delhi: Government of India.
- Rao, S., Swathi, P. M., Unnikrishnan, B., & Hegde, A. (2014). Study of complementary feeding practices among mothers of children aged six months to two years – A study from coastal Karnataka. *Australasian Medical Journal*, 7(8), 366–372.
- Khan, M. E., & Pradhan, M. R. (2021). Factors influencing the adoption of appropriate feeding practices in early childhood in India. *Indian Journal of Paediatrics*, 88(3), 219–226.
- Sinha, D., & Mukherjee, R. (2022). Awareness and practices regarding complementary feeding among mothers in India: A meta-analysis. *Journal of Nutrition and Dietetics*, 59(1), 30–36.
- National Health Mission. (2020). Maternal and Child Health Programme Report. Government of Maharashtra.
- Bhatt, R. (2020). Role of Anganwadi workers in promoting infant and young child feeding practices in rural India. *Indian Journal of Social Work*, 81(2), 215–228.
- Ministry of Health and Family Welfare. (2019). Operational Guidelines on Infant and Young Child Feeding Practices. Government of India.
- Varghese, J. S., & Mathew, L. (2018). Effectiveness of a health education intervention on complementary feeding among mothers in a rural population. *Nursing and Midwifery Research Journal*, 14(1), 22–28.
- Dewey, K. G., & Adu-Afarwuah, S. (2008). Systematic review of the effects of complementary feeding interventions on growth and morbidity in developing countries. *Maternal & Child Nutrition*, 4(s1), 24–85.
- Chakrabarti, A., & Bharati, P. (2017). Socioeconomic determinants of infant and young child feeding practices in India. *Demography India*, 46(1), 55–70.
- Indian Academy of Paediatrics (IAP). (2021). IYCF Guidelines: Infant and Young Child Feeding Guidelines. Indian Academy of Paediatrics Task Force.
- Prasad, V., & Singh, R. (2022). Barriers to appropriate complementary feeding in rural communities of Maharashtra. *Community Medicine & Public Health Reports*, 3(1), 45–50.