

Research Article**Knowledge, Attitudes, and Practices Regarding Infant and Young Child Feeding: A Comparative Study Between Nursing Professionals and Mothers****Dr sakalesh Hosamani¹, *Dr Aishwarya Patil², Dr. Mahantesh Matti³**Assistant Professor , Department of orthopedics , Raichur institute of medical sciences
Raichur karnatakaAssistant professor, Department of paediatrics , Raichur institute of medical sciences
Raichur KarnatakaM.B.B.S, M.D, Associate Professor, Department Of Paediatrics, Sri Dharmasthala Manjunatheshwara
College Of Medical Sciences And Hospital, Dharwad

Corresponding Author: Dr Aishwarya Patil

ABSTRACT**Background:** Optimal Infant and Young Child Feeding (IYCF) techniques are crucial for ensuring healthy physiological growth and cognitive progression during early developmental stages. Healthcare staff, particularly clinical nurses, serve as front-line advisors to mothers. This investigation aimed to evaluate and contrast the baseline knowledge, personal perspectives, and routine feeding behaviors of clinical nursing staff and mothers.**Methods:** A comparative cross-sectional research design was executed, encompassing 826 total subjects (401 nursing personnel and 425 mothers). Data collection utilized a standardized, pre-tested survey instrument exploring demographic profiles, dietary knowledge, illness-related feeding perspectives, and nutritional practices. Analytical evaluation was carried out via Chi-square tests with significance established at $p < 0.05$. **Results:** Nursing professionals demonstrated statistically superior understanding regarding immediate post-birth breastfeeding initiation (90.5% vs. 69.0%, $p < 0.001$) and full exclusive breastfeeding up to six months (92.5% vs. 65.5%, $p < 0.001$) relative to mothers.Appropriate timing for complementary feeding commencement at six months was understood by 59.9% of nurses compared to only 33.3% of mothers ($p < 0.001$). Substantial misconceptions surfaced in both cohorts: 48.6% of mothers and 23.2% of nurses advocated withholding solid foods entirely during pediatric diarrheal episodes. Bottle feeding gained approval from 40.6% of mothers versus 11.2% of nurses ($p < 0.001$). **Conclusion:** Critical educational deficiencies exist among mothers regarding proper timing for complementary feeding initiation. Simultaneously, actionable knowledge gaps remain among nursing staff concerning clinical nutritional management during acute childhood illnesses. Tailored educational intervention programs are necessary for healthcare workers to improve maternal counseling quality.**Keywords:** *Complementary Feeding, Infant and Young Child Feeding (IYCF), Exclusive Breastfeeding, Healthcare Staff Knowledge, Pediatric Nutrition***Introduction**

Ensuring appropriate Infant and Young Child Feeding (IYCF) protocols during the initial two years of life remains an essential prerequisite for

establishing optimal growth, intellectual progression, and long-term health resilience. Global health guidelines set forth by international pediatric authorities highlight three essential pillars: initiating lactation within the initial hour following delivery, preserving strict exclusive breastfeeding throughout the first six months, and introducing safe, nutritionally dense complementary meals alongside ongoing breastfeeding thereafter.

Despite continuous public health campaigns, suboptimal child feeding behaviors remain widespread across many regions. Impaired complementary feeding practices directly contribute to preventable pediatric malnutrition, developmental stunting, micronutrient deficiencies, and elevated childhood morbidity. Frontline clinical professionals—specifically nursing personnel—occupy a fundamental role in guiding mothers through critical nutritional milestones. Nevertheless, clinical observations suggest substantial disparities between standard health recommendations, caregiver actions, and nursing knowledge. Cultural taboos surrounding specific foodstuffs, varied socioeconomic backgrounds, and misconceptions regarding childhood illnesses frequently hamper effective implementation.

This research project was designed to comprehensively evaluate and contrast the knowledge levels, personal attitudes, and practical behaviors concerning infant complementary feeding among clinical nursing professionals and mothers. Identifying these systemic information gaps is critical for structuring targeted professional development courses and maternal counseling frameworks.

Materials and Methods

Study Design and Participant Selection

A comparative cross-sectional observational trial was conducted at a tertiary healthcare facility. The study cohort comprised 826 total enrolled participants divided into two distinct study groups: 401 active nursing professionals and 425

mothers presenting to pediatric outpatient and inpatient clinical units.

Data Collection Tool

Information was gathered using a pre-tested, validated assessment survey administered through structured interviews and self-administered questionnaires. The survey evaluated four core domains:

- **Sociodemographic Features:** Age bracket, formal educational attainment, employment, household monthly income, family arrangement (nuclear vs. joint), and residential environment.
- **Knowledge Metrics:** Understanding of breastfeeding initiation timelines, exclusive lactation duration, exact recommended age for introducing complementary feeding, meal frequencies, dietary iron needs, and supplement administration.
- **Attitude Indicators:** Perspectives on food group diversity, nutritional adjustments during acute illness (diarrhea and upper respiratory infections), traditional food classifications ('hot' vs. 'cold' items), bottle feeding, and commercial snack acceptance.
- **Practical Implementation:** Sanitary behaviors prior to food handling, dedicated vs. shared family meal preparation, feed consistency progression across age milestones (6, 9, and 12 months), and self-reported reasons for delayed complementary feeding.

Statistical Evaluation

Primary data were entered and analyzed using standardized statistical analysis software. Categorical outcome metrics were tabulated as absolute counts and relative percentages. Comparative evaluations between nursing personnel and mothers were executed using Pearson's Chi-square test (χ^2). Statistical significance was defined at $p < 0.05$ across all analytical metrics.

Results

Baseline Demographic Profiles

The study evaluated 401 nursing staff members and 425 mothers. Age distribution analysis

indicated that a majority of participants in both cohorts belonged to the 21–30 years age bracket (66.6% of nursing staff and 53.5% of mothers). Geographically, 58.9% of nursing staff reported

rural residency, whereas 59.9% of mothers resided in urban settings. Nuclear family structures predominated in both groups (66.6% and 56.1%, respectively).

Table 1: Sociodemographic Profile of Enrolled Study Participants (N = 826)

Demographic Variable	Category	Nursing Staff (n=401)	Mothers (n=425)
Age Bracket	17 to 20 years	14 (3.5%)	8 (1.9%)
	21 to 30 years	267 (66.6%)	228 (53.5%)
	31 to 40 years	120 (29.9%)	190 (44.6%)
Educational Status	Illiterate	3 (0.7%)	17 (4.0%)
	Primary / Secondary / PUC	31 (7.7%)	159 (37.3%)
	University Degree / PG	367 (91.5%)	247 (58.3%)
Residential Background	Rural	236 (58.9%)	154 (36.2%)
	Urban	152 (37.9%)	255 (59.9%)
	Semi-urban	13 (3.2%)	17 (4.0%)
Family Structure	Nuclear Family	267 (66.6%)	239 (56.1%)
	Joint Family	134 (33.4%)	187 (43.9%)

Knowledge Metrics Regarding IYCF Guidelines

Knowledge assessments revealed highly significant differences between nursing staff and mothers across key feeding milestones ($p < 0.001$). Nursing staff exhibited significantly higher awareness regarding immediate post-birth

breastfeeding initiation (90.5% vs. 69.0%) and complete exclusive breastfeeding through 6 months (92.5% vs. 65.5%). Furthermore, 59.9% of nursing personnel correctly identified 6 months as the proper milestone for introducing complementary foods, compared to only 33.3% of mothers

Table 2: Comparative Assessment of Feeding Knowledge Between Groups

Parameter Evaluated	Response / Milestone	Nursing Staff (n=401)	Mothers (n=425)	Total (N=826)	p-value
Exclusive Breastfeeding	6 Months Duration	371 (92.5%)	279 (65.5%)	650 (78.6%)	< 0.001*
Breastfeeding Initiation	Immediately Post-Birth	363 (90.5%)	294 (69.0%)	657 (79.4%)	< 0.001*
Complementary Feed Age	At 6 Months Milestone	240 (59.9%)	142 (33.3%)	382 (46.2%)	< 0.001*
Iron-Rich Foods Awareness	Aware of Sources	378 (94.3%)	298 (70.0%)	676 (81.7%)	< 0.001*

Dr sakalesh Hosamani et al / Knowledge, Attitudes, and Practices Regarding Infant and Young Child Feeding: A Comparative Study Between Nursing Professionals and Mothers

Iron Tonic Requirement	Aware of Necessity	282 (70.3%)	311 (73.0%)	593 (71.7%)	0.190
Preferred Complement Type	Homemade Only	157 (39.2%)	259 (60.8%)	416 (50.3%)	< 0.001*
	Commercial & Home Combo	218 (54.4%)	115 (27.0%)	333 (40.3%)	

Attitudinal Perspectives and Cultural Beliefs

Profound differences emerged concerning feeding practices during childhood illnesses. During acute diarrheal episodes, 48.6% of mothers reported that complementary feeding should be stopped entirely, and 33.1% advised reducing meal quantities. Among nursing personnel, 33.4% correctly advocated increasing feeding frequency/volume, while 23.2%

incorrectly advised withholding food. Widespread cultural taboos regarding 'hot' and 'cold' foods were reported across both cohorts. Bottle feeding was accepted by 40.6% of mothers versus 11.2% of nurses ($p < 0.001$). Additionally, 65.3% of mothers and 45.9% of nursing staff supported providing commercial biscuits as valid complementary feeding options

Table 3: Attitudes Toward Illness Feeding Modifications and Cultural Norms

Attitude Parameter	Option / Perspective	Nursing Staff (n=401)	Mothers (n=425)	p-value
Diarrheal Feeding Strategy	Withhold Meals Entirely	93 (23.2%)	207 (48.6%)	< 0.001*
	Reduce Amount / Frequency	70 (17.5%)	141 (33.1%)	
	Maintain Regular Feeding	103 (25.7%)	59 (13.8%)	
	Increase Amount / Frequency	135 (33.4%)	19 (4.5%)	
Cold Foods Cultural Concept	Believes Concept Applies	279 (69.3%)	292 (68.5%)	0.320
Hot Foods Cultural Concept	Believes Concept Applies	270 (67.3%)	261 (61.3%)	0.069
Bottle Feeding Practice	Considered Acceptable	45 (11.2%)	173 (40.6%)	< 0.001*
Biscuits as Complementary Feed	Considered Suitable	184 (45.9%)	278 (65.3%)	< 0.001*

Practical Feeding Implementation and Consistency

Self-reported handwashing before meal preparation was high among both nurses (98.3%) and mothers (92.0%). Separate food preparation for infants was practiced by 92.3% of nurses compared to 43.9% of mothers ($p < 0.001$). The dominant reason cited for delaying complementary food introduction was the belief that maternal milk remained entirely sufficient (41.4% nurses, 43.4% mothers). Evaluation of feed consistency revealed progressive transitions: at 6 months, thin watery consistencies predominated in both groups (67.1% nurses, 77.0% mothers); at 9 months, semi-solid foods were primary (75.8% vs. 65.7%); and by 12 months, solid family foods were adopted by 70.3% of nurses and 66.2% of mothers ($p = 0.036$).

Discussion

This research highlights substantial differences and critical knowledge deficits in infant feeding practices across both healthcare providers and primary caregivers. While nursing staff achieved high benchmark scores regarding early breastfeeding initiation and exclusive lactation duration, their understanding of complementary feeding timing and illness nutrition management presented notable shortcomings.

Only one-third of evaluated mothers correctly identified 6 months as the vital threshold for commencing complementary feeds. The widespread practice of delaying solid food introduction—often driven by the misconception that breast milk alone remains sufficient past six months—exposes infants to increased risks of nutritional deficits and growth faltering. Direct maternal educational programs integrated into routine antenatal visits are urgently required to correct these feeding timelines.

A major concern identified in this study involves dietary restriction during pediatric acute illness. Nearly half of surveyed mothers reported withholding complementary meals during

diarrheal episodes, a harmful practice that accelerates acute dehydration and weight loss. Alarmingly, nearly one-quarter of nursing personnel endorsed withholding food during illness. This finding underlines an urgent need to update nursing continuing education curricula to emphasize proper nutritional management during childhood infection.

Furthermore, the high prevalence of traditional 'hot' and 'cold' food taboos, widespread acceptance of bottle feeding among mothers, and reliance on nutritionally inadequate commercial snacks like biscuits indicate that socio-cultural norms continue to override clinical advice. Health communication strategies must directly address these persistent cultural myths.

Conclusion

Although nursing professionals generally possess superior baseline knowledge compared to mothers regarding early breastfeeding guidelines, important clinical educational gaps persist concerning sick-child nutrition, dietary diversification, and complementary feed timing. Structured, institutional training programs for nursing staff are essential to ensure consistent, evidence-based nutritional counseling for mothers, alongside community outreach initiatives designed to dispel entrenched feeding taboos.

References

- [1] World Health Organization. (2021). Infant and young child feeding: Model chapter for textbooks for medical students and allied health professionals. World Health Organization.
- [2] UNICEF. (2020). Improving Young Children's Diets During the Complementary Feeding Period: UNICEF Programming Guidance. UNICEF New York.
- [3] Bhandari, N., & Chowdhury, R. (2016). Infant and young child feeding practices in developing countries: Current status and future directions. *Indian Pediatrics*, 53(11), 975-981.
- [4] Gupta, A., & Arora, S. (2019). Knowledge and practices regarding complementary feeding

among mothers: A community-based cross-sectional study. *Journal of Family Medicine and Primary Care*, 8(4), 1420-1425.

- [5] Patel, K., & Sharma, M. (2018). Assessment of healthcare providers' knowledge on infant

feeding guidelines in rural healthcare settings. *International Journal of Community Medicine and Public Health*, 5(8), 3412-3418