



ASSESSMENT OF INFANT AND YOUNG CHILD FEEDING PRACTICES BY MOTHERS ATTENDING POST-NATAL CLINIC AT ABUJA MUNICIPAL AREA COUNCIL

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ABSTRACT

Feeding during the first two years of life are important for growth and mental development of a child and the prevention of malnutrition and child mortality. This study aimed at assessing the Infant and Young Child Feeding (IYCF) Practice by mothers attending postnatal care at Family Health Clinic, Area 2 Garki, Abuja Municipal Area Council. A descriptive cross-sectional study design technique was utilized using semi-structured interviewer-administered questionnaire to collect data from a random sample of selected 100 mothers. Data on sociodemographic and economic characteristics, hygienic practices, breastfeeding and complementary feeding practices were collected. Among respondents, 74.4% were married women, mostly aged 26–30 (45.2%), and 57.3% had senior secondary education. Nearly half (46.3%) were traders or businesswomen. Children studied were mostly under 6 months (46.3%), followed by 7–12 months (32.9%) and 13–23 months (20.7%). Most (81.7%) had normal weight-for-height. Breastfeeding was prevalent (87.7%), with 58.3% feeding on demand and 58.0% breastfeeding over 8 times daily. Weaning occurred mainly at 12–23 months, with 80% weaned by mothers and 30% self-weaned. Complementary feeding was initiated by 79.0%, mostly at 6 months (52.5%) due to perceived readiness. Pap was the sole complementary food for 69.5%. Although breastfeeding practices were generally satisfactory, a significant proportion of mothers initiated complementary feeding earlier than the recommended 6 months, reflecting poor compliance with global guidelines. This early introduction, coupled with reliance on pap as the predominant complementary food, highlights gaps in infant feeding practices and underscores the urgent need for targeted nutrition education to improve adherence to appropriate complementary feeding for optimal child health outcomes..

Keywords: Infants; Caregivers; Feeding Practices; Malnutrition

INTRODUCTION

Nutrition during the first two years of life represents a critical window that lays the foundation for lifelong health, cognitive development, and survival. Infant and Young Child Feeding (IYCF) practices—particularly exclusive breastfeeding (EBF) for the first six months and the timely introduction of complementary foods—are globally recognized as essential strategies for reducing child morbidity and mortality (WHO and UNICEF, 2021). Inadequate feeding practices are strongly linked to malnutrition, stunting, and increased susceptibility to infectious diseases, which remain prevalent in many low- and middle-income countries, including Nigeria (Hossain & Mhrshahi, 2024). Children who survive malnutrition often face recurrent illness and the long-term consequences of stunted growth. At the same time, the rising prevalence of childhood overweight and obesity underscores the double burden of malnutrition. Poor feeding practices therefore pose a substantial threat not only to child health but also to broader social and economic development (Boswell, 2021).

The World Health Organization recommends EBF for the first six months of life, followed by continued breastfeeding up to two years or beyond, alongside the introduction of safe and nutritionally adequate complementary foods. Despite these guidelines, many mothers encounter barriers to optimal feeding practices, including cultural beliefs, limited access to accurate information, and socio-economic constraints (Weber et al., 2023). In Nigeria, although awareness of breastfeeding

benefits is increasing, the national EBF rate remains below the global target, and complementary feeding practices often lack dietary diversity and hygiene standards (Bimpong et al., 2020). Understanding local feeding behaviors and their determinants is therefore a critical first step in designing context-specific interventions that can reduce malnutrition and improve child survival, using the modified WHO IYCF indicators as a framework.

Urban settings such as the Abuja Municipal Area Council (AMAC) present a unique mix of challenges and opportunities. While access to healthcare and education may be higher than in rural areas, urban mothers are also influenced by modern lifestyles, employment demands, and shifting cultural norms that may compromise optimal feeding practices. AMAC, as a rapidly urbanizing area, provides an important context for examining how mothers balance traditional practices with contemporary pressures, making it a valuable case study for informing interventions in similar urban environments across Nigeria.

This study therefore investigates IYCF practices among mothers attending postnatal care at the Family Health Clinic in Area 2, Garki, and AMAC. Specifically, it examines breastfeeding patterns, complementary feeding choices, hygiene behaviors, and the socio-demographic factors that shape these practices. By identifying gaps—such as early initiation of complementary feeding and limited dietary diversity—as well as strengths in current feeding behaviors, the study seeks to generate evidence that will inform

policymakers, healthcare providers, and community stakeholders in designing targeted interventions to promote optimal nutrition and reduce malnutrition among infants and young children.

MATERIALS AND METHODS

Sample Size: The method states 100 mothers were selected, but the results are based on 82-84 respondents. The reason for this attrition (e.g., incomplete questionnaires, exclusion after screening) must be explained.

Study Design

Family Health Clinic, Area 2 Garki, Abuja Municipal Council, Federal Capital Territory-Abuja, Nigeria was the study area. A cross-sectional study design was used to assess the Infant and Young Child Feeding practice among mothers attending family health clinic, Area 2 Garki, Abuja Municipal Council. Quantitative research method was used to collect data on socio-demographic, socio-economic and nutrition knowledge for a limited time period.

Sampling

The study population comprise of mothers of an infant or child aged 0-23 months on complementary feeding in the study area. Mothers of very sick infants, young children, and mothers that refuse consent was excluded from the study. To select study subjects from each post-natal care clinic, systematic random sampling technique was applied by using client's registration order to get post-natal care during the data collection period. Then every 5th person, as they registered, were included in the study at each postnatal care until the desired sample size of 100 was attained from mothers with eligible children who visited the hospitals during the month of March 2021 for post-natal care. However, due to incomplete questionnaires and subsequent exclusion after screening a number of responses, the results are based on 82-84 sample size.

Ethical Clearance and Consent

Ethical clearance was obtained from the ethical committee of Ahmadu Bello University Zaria the ethical committee Department of Health, Abuja Municipal Area Council. Written consent was obtained from study participants by signing the consent form, and confidentiality and the right of respondents not to participate was respected.

Data Collection

A semi structured questionnaire consisting of closed and open-ended questions were used to elicit responses from the study participants. The questionnaire was developed after a comprehensive review of relevant literature and validated at the department of Biochemistry Ahmadu Bello University Zaria. A pilot study was also carried out in this regard to test the questionnaire. The questionnaire captured data on each of the objectives of the study and was coded to facilitate data entry and analysis. In all participants, length/height and body weight was measured using standard methods of the WHO.

Data Analysis

Data was checked for incompleteness, inconsistency and edited. The data was entered, cleaned and analyzed by using SPSS Windows version 22.0. Descriptive statistics were used to compute prevalences of the timely initiation of breastfeeding and complementary food and other variables.

RESULTS AND DISCUSSION

Results from Table 1 showed that the majority 74 (90.2%) of the informants were mothers and most (89.0%) of the primary caregivers to the infants were mothers with almost half (45.2%) of them within the age range of 26-30 years. The table also shows that 80.5% of the Household Heads were fathers. Results also show that the majority 61 (74.4%) of the respondents were married, with 59.8% Muslims.

Table 1: Age and Status of Informant in Family Health Clinic AMAC, Abuja

	Frequency	Percent (%)
A) Informant		
Mother	74	90.2
Father	3	3.7
Grandparent	6	7.3
Siblings	1	1.2
Total	84	100
B) Infant's primary caregiver		
Mother	73	89.0
Grandparent	3	3.7
Siblings	6	7.3
Total	82	100
C) Head of Household		
Father	66	80.5
Mother	13	15.9
Grandparent	3	3.7
Total	82	100
D) Age of mother		
<20 years	8	10.9
20-25 years	11	15.1
26-30 years	33	45.2
Above 30 years	21	28.8
Total	73	100
E) Maternal marital status		

	Frequency	Percent (%)
Single	10	12.2
Married	61	74.4
Divorced	4	4.9
Widowed	7	8.5
Total	82	100
Religion		
Islam	49	59.8
Christianity	33	40.2
Total	82	100

Results from Table 2 shows that more mothers in the study area (46.3%) were business women or traders; 23.6% were government workers/employed while 30.5% were full housewife with most husbands (42.9%) business men or

traders in the study area. Respondents from the study area 47 (57.3%) had WASC/GCE/SSCE certificates and 25.6 had tertiary education certificates.

Table 2: Socioeconomic Status of the Respondents

	Frequency	Percent (%)
a) Mother's occupation		
Housewife	25	30.5
Business/self employed	38	46.3
Employed/civil servant	19	23.2
Total	82	100
b) Mother's level of education		
None	4	4.9
FSLC	10	12.2
SSCE	47	57.3
Tertiary	21	25.6
Total	82	100
c) Father's occupation		
Farmer	8	9.8
Casual laborers	11	13.6
Self-employed/business	35	42.9
Civil servant	28	34.1
Total	82	100
d) Father's level of education		
None	2	2.4
FSLC	8	9.8
SSCE	29	35.4
Tertiary	43	52.4
Total	82	100

FSLC: First School leaving Certificate; WASC: West African School Certificate; GCE: General Certificate in Education; SSCE: Senior Secondary School Certificate

Results from Table 3 revealed that most 38 (46.3%) of the infants/children studied were below 6 months; 32.9% were between the age range of 7-12 months while 20.7% of were between the age of 13-23 months. Majorities (58.5%) of respondents were females while 41.5% were male with

(76.8%) of them born at health facilities while 23.2% were born at home. Also, the birth order of the index children was 61.0%, 24.4% and 14.6% respectively 1st-2nd, 3rd-4th and 5th and above respectively.

Table 3: Information of Index Infants and Young Child Attending Family Health Clinic

	Frequency	Percent (%)
a) Age of the child in months		
0-6 month	38	46.3
7-12 month	27	32.4
13-23	17	20.7
Total	82	100
b) Gender		
Male	34	41.5
Female	48	58.5
Total	82	100
c) Birth order		
1 st -2 nd child	50	61.0
3 rd -4 th child	20	24.4

	Frequency	Percent (%)
5 th and above child	12	14.6
Total	82	100
d) Place of birth		
Home	19	23.2
Health facility	63	76.8
Total	82	100

Table 4: Knowledge of Complementary Feeding Of Caregivers Attending and Anthropometric Status of Index Infants and Young Child Attending Family Health Clinic

	Frequency	Percentage (%)
a) Information on complementary feeding before birth		
Yes	75	90.8
No	7	9.2
Total	82	100
b) Source(s)*		
Health care providers	31	44.9
Previous experience	45	65.2
Family and friends	48	69.6
Media	8	11.6
Others (books, school, campaign)	8	11.6
Current breastfeeding status		
Yes	71	87.7
No	11	12.3
Total	82	100
Breastfeeding time		
On demand	45	58.3
Scheduled time	10	6.9
When the child cries	29	34.7
Total	82	100
Frequency of breastfeeding/day		
1-2 times a day	0	0
2-5 times a day	15	15.9
6-8 times a day	22	26.1
More than 8 times a day	45	58.0
Total	82	100
When does he/she stop breastfeeding?		
<12 months	22	20
12-23 months	62	80
Total	82	100
Why did he/she stop breastfeeding?		
Weaned	49	60
Refused	25	30
Pregnancy	8	10
Total	82	100
Weight For Height (WFH)		
Under weight	11	13.4
Normal weight	67	81.7
Overweight	4	4.9
Total	82	100
Birth weight of the children		
<2.5kg	15	18.3
2.5 – 4.5kg	49	59.8
>4.5	18	21.9
Total	82	100

*Total percentage greater than 100 because of multiple choices

Results from Table 5 revealed that 87.7% of the children are currently breastfeeding and most (58.3%) of the mothers' breastfed on demand. Majority (58.0%) of them reported they

breastfed more than 8 times a day. Eighty percent (80%) of the children stop breastfeeding at the age of 12-23 months. The reason for stopping breastfeeding varies, 60% were

weaned by their mothers, 30% refused breastfeeding by themselves and 10% were weaned because of another pregnancy. Results also showed that majority (79.0%) of the infant and young children were on complementary feeds, and most caregivers (52.5%) claimed they started given complementary food at 6 months of birth. Reasons for introduction of complementary feeds includes child was older enough (54.2%), advised by health worker (10.2%) and advised by experience mothers, families and relatives (6%). Frequencies of complementary food consumption was 42.1%, 42.1% and 15.8% 2-3 times, 4-5 times and greater than 5

times a day respectively. Also, most (69.5%) of them used pap only (koko) as complementary feed. Results from Table 9 revealed that 27.3% of the children had at least an episode of illness since the initiation of complimentary feeding of which most (83.3%) reported had diarrhea (60%, 30% and 10% respective once, 2-3 times and more than 3 times since the initiation), dermatitis (50%). Results from Table 5 revealed that 81.7% of the children's weight-for-height was within normal range and majority (68.9%) of them had normal birth weight.

Table 5: Complementary Feeding Practices among Caregivers of Index Infants and Young Child Attending Family Health Clinic

	Frequency	Percent (%)
a) Complementary feeding		
Yes	59	72.0
No	23	28.0
Total	82	100
b) Age of complementary feed introduction		
0-3 month	7	11.9
4-6 month	20	34.4
>6 months	32	54.6
Total	59	100
c) Reasons for introduction of complementary feeding		
Advice by health worker	6	10.2
Child was old enough	32	54.2
Advised by experienced mothers, mother in-laws and friends	21	35.6
Total	59	100
d) Type of complementary feeds		
Pap only	41	69.5
Pap with milk	6	10.2
Others	12	20.3
Total	59	100
e) Frequency of complementary feed consumption by the child		
2-3 times	24	40.6
4-5 times	24	40.6
>5 times	11	18.8
Total	59	100
f) Use of infant formula		
Yes	14	23.0
No	47	77.0
Total	61	100

Discussion

This study examined caregivers' knowledge and practices regarding breastfeeding and complementary feeding, as well as the anthropometric status of infants and young children among mothers with children aged 0–23 months attending postnatal care at the Family Health Clinic, Area 2 Abuja. The findings provide insights into maternal behaviors, cultural influences, and nutritional outcomes, highlighting both strengths and gaps in infant and young child feeding (IYCF). The majority of informants in this study were mothers, and mothers also served as the primary caregivers for infants. This reflects the central role of mothers in child feeding and care in Nigerian households, which aligns with cultural norms where maternal responsibility for child nutrition is predominant (Edafioghor et al., 2021). Fathers and grandparents played minimal roles, indicating limited paternal involvement in feeding decisions. Similar findings have been reported in Ghana and Nigeria, where maternal dominance in caregiving often limits opportunities for shared responsibility (Bimpong et al., 2020). Strengthening paternal

and extended family involvement could enhance support for optimal infant and young child feeding (IYCF). The head of household was predominantly the father (80.5%), with mothers accounting for 15.9%. This patriarchal household structure is typical in Nigerian settings and influences decision-making power regarding food allocation and health care access (Oguizu & Ugbe, 2024). While mothers are the primary caregivers, fathers' role as household heads may affect resource distribution, including access to diverse complementary foods. Studies have shown that spousal education and support significantly improve maternal feeding practices (Udoh & Amodu, 2016), suggesting that engaging fathers in nutrition education could positively impact child outcomes.

On Maternal Age, most mothers were between 26–30 years. Maternal age is a critical determinant of feeding practices, as younger mothers may lack experience and rely more heavily on informal advice from peers and family. Older mothers, by contrast, may demonstrate greater adherence to recommended practices due to accumulated knowledge and exposure to

health services (Edafioghor et al., 2021). The predominance of mothers in their late twenties suggests a relatively mature caregiving population, which may explain the high rates of breastfeeding and continued feeding up to 23 months observed in this study. The majority of mothers were also married (74.4%). Marital status influences caregiving capacity and household support. Married mothers often benefit from spousal support, which can positively influence feeding practices and resource availability (Bimpong et al., 2020). Single, divorced, or widowed mothers may face greater challenges in providing adequate nutrition due to limited financial and social support. This underscores the importance of community-based interventions that provide assistance to vulnerable caregivers. Islam was the predominant religion (59.8%), followed by Christianity (40.2%). Religious affiliation can shape feeding practices through cultural norms, beliefs, and community influences. For example, beliefs about breastfeeding during pregnancy or the appropriateness of certain complementary foods may vary across religious groups. Studies in Nigeria have shown that cultural and religious norms significantly influence maternal decisions on breastfeeding cessation and complementary feeding (Udoh & Amodu, 2016). Tailoring nutrition education to respect religious contexts could improve acceptance and adherence.

On feeding practices, the majority of caregivers (90.8%) reported receiving information on complementary feeding before birth, reflecting the effectiveness of antenatal and postnatal counseling services. However, family and friends (69.6%) and previous experience (65.2%) were the most common sources of information, surpassing health care providers (44.9%). This reliance on informal networks underscores the persistence of cultural norms and peer influence in shaping feeding practices. Similar findings have been reported in Awka, Nigeria, where family advice often outweighed professional guidance (Oguizu & Ugbe, 2024). While informal networks can provide support, they may perpetuate misinformation, emphasizing the need for stronger health system communication strategies.

The socio-demographic profile of caregivers provides context for the feeding practices and child outcomes observed. The predominance of mothers as caregivers and informants explains the strong breastfeeding practices reported, while paternal dominance as household heads highlights the need for male involvement in nutrition education. Maternal age distribution suggests that most caregivers are in their late twenties, a group likely to balance experience with openness to health worker advice. However, reliance on informal sources of information and cultural beliefs around feeding practices remain challenges.

Breastfeeding prevalence was high, with 87.7% of mothers currently breastfeeding. Most practiced on-demand feeding, with frequent feeding >8 times/day, consistent with WHO recommendations for responsive feeding (WHO & UNICEF, 2023). Continuation of breastfeeding up to 12–23 months (80%) aligns with global guidelines, and reasons for cessation—primarily weaning and child refusal reflect natural transitions. However, cessation due to pregnancy (10%) highlights cultural beliefs about breastfeeding during pregnancy, which may prematurely interrupt optimal feeding. Similar cultural influences have been documented in Abakaliki, Nigeria (Edafioghor et al., 2021). These findings suggest that while breastfeeding practices are largely positive, targeted counseling is needed to address misconceptions and reinforce the benefits of continued breastfeeding.

Complementary feeding was reported by 72% of caregivers, but timing was often inappropriate. More than half (54.6%)

introduced complementary foods after six months, late introduction may increase risks of nutrient deficiencies, while early introduction undermines exclusive breastfeeding and exposes infants to infections (Udoh & Amodu, 2016). Reasons for introduction were largely informal, this pattern mirrors findings in Ghana, where maternal and spousal education strongly predicted adherence to recommended feeding practices (Bimpong et al., 2020). Pap (maize gruel) was the predominant complementary food, often given alone without fortification. While pap is culturally accepted and widely available, it is nutritionally inadequate unless enriched with milk, legumes, or protein sources (Federal Ministry of Health, 2021). The limited dietary diversity observed here reflects a broader challenge in Nigeria, where monotonous diets contribute to under nutrition despite adequate feeding frequency. Encouragingly, most children received complementary foods 2–5 times daily, aligning with WHO recommendations for meal frequency. However, the quality of feeds remains a concern, as nutrient-poor diets can lead to growth faltering even when frequency is sufficient. Only 23% of caregivers reported using infant formula, while the majority relied on breastfeeding and complementary foods. This relatively low use may reflect economic constraints and cultural preferences. While formula can be beneficial when medically indicated, over-reliance may undermine breastfeeding and increase risks of malnutrition if improperly prepared (WHO, 2023). The findings suggest that formula use is not widespread in this population, which may be protective against inappropriate feeding practices.

Anthropometric assessment revealed a distribution that suggests relatively favorable nutritional outcomes compared to national averages, though under nutrition remains a concern. The prevalence of low birth weight at 18.3% is particularly significant, as it predisposes children to growth faltering and increased morbidity (WHO, 2023). These findings highlight the importance of maternal nutrition during pregnancy and the need for interventions that address both prenatal and postnatal feeding practices. Regional disparities are evident, as higher rates of underweight have been reported in other Nigerian contexts (Oguizu & Ugbe, 2024), suggesting that local socioeconomic and cultural factors play a role.

CONCLUSION

This study provides valuable insights into the knowledge and practices of caregivers regarding breastfeeding and complementary feeding, as well as the nutritional status of infants and young children attending the Family Health Clinic in Abuja. The findings highlight that while breastfeeding practices are generally strong, with high rates of on-demand feeding, frequent breastfeeding, and continuation up to 23 months, complementary feeding practices remain suboptimal. Many caregivers introduced complementary foods either too early or too late, and the predominant reliance on pap (maize gruel) without adequate fortification reflects limited dietary diversity. These practices, though culturally entrenched, pose risks for nutrient deficiencies and growth faltering.

Socio-demographic factors further shape these outcomes. Mothers were overwhelmingly the primary caregivers and informants, while fathers dominated household leadership roles. These dynamics underscore the importance of maternal responsibility in child nutrition but also reveals the limited involvement of fathers and extended family members in feeding decisions. Maternal age and marital status influenced practices, with younger and single mothers more likely to rely on informal advice, while married mothers benefited from spousal support. Religious and cultural norms also played a role, particularly in beliefs about breastfeeding cessation

during pregnancy and the appropriateness of certain complementary foods.

Anthropometric assessment showed that most children had normal weight-for-height, reflecting the protective effects of strong breastfeeding practices. However, the persistence of underweight (13.4%) and low birth weight (18.3%) highlights ongoing challenges in maternal nutrition and complementary feeding quality. These findings emphasize that while breastfeeding practices are commendable, improvements in complementary feeding particularly in terms of timing, diversity, and reliance on professional guidance are urgently needed to optimize child growth and survival.

In conclusion, the study demonstrates that child nutrition outcomes are affected by a several factors of maternal knowledge, cultural influences, household dynamics, and socio-demographic factors. Strengthening health worker counseling, promoting nutrient-rich complementary foods, engaging fathers and extended family members, and addressing cultural beliefs are critical strategies for improving infant and young child feeding practices in Abuja. By adopting a family-centered and culturally sensitive approach, policymakers and health practitioners can build on existing strengths in breastfeeding while addressing gaps in complementary feeding, ultimately reducing under nutrition and enhancing child survival in Nigeria.

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