

# Influence of Media, Family, Socio-Cultural Factors and Immunization Counseling on Complementary Feeding Practices

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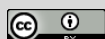


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## ABSTRACT

**Background:** Complementary feeding, which involves introducing additional foods and liquids alongside breast milk when it alone is insufficient, is crucial for fulfilling infants' nutritional needs. The purpose of this study was to examine the impact of media, family, socio-cultural influences, and immunization counseling on complementary feeding practices among mothers. **Aim of the study:** The aim of the study was to assess the impact of media, family, socio-cultural influences, and immunization counseling on complementary feeding practices among mothers. **Methods & Materials:** This cross-sectional study was conducted from September to December 2009 at the Paediatric Inpatient and Outpatient Departments of Dhaka Shishu Hospital and the Institute of Child Health & Shishu Sasthya Foundation Hospital (ICH & SSFH), Mirpur-2, Dhaka. Data were collected from 400 mothers of children aged 6 months to 2 years using a structured questionnaire on complementary feeding practices. Data were analyzed using SPSS v12.0;  $p < 0.05$  was considered significant. **Results:** Among 400 mothers, timely feeding was higher with immunization counseling (54.4% vs. 41.9%,  $p < 0.001$ ), neighbor/media influence (59.2% vs. 29.4%,  $p < 0.001$ ), higher education (60.3% vs. 36.1%,  $p < 0.001$ ), and antenatal counseling (63.8% vs. 35.9%,  $p < 0.001$ ). Feeding  $\geq 3$  times/day and appropriate consistency were also significantly better in these groups. **Conclusion:** Improving maternal education, counseling, and media engagement is key to promoting appropriate complementary feeding practices from 6 months of age.

**Keywords:** Media Influence, Family Dynamics, Socio-Cultural Factors.

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## INTRODUCTION

A suitable diet is essential for the healthy growth and development of children, particularly during the first two years—a critical period for ensuring optimal outcomes<sup>[1,2]</sup>. Complementary feeding, which involves introducing additional foods and liquids alongside breast milk when it alone is insufficient, is crucial for fulfilling infants' nutritional needs<sup>[3]</sup>. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) advise beginning safe and nutritionally adequate complementary foods at six months while continuing breastfeeding up to two years or longer<sup>[4]</sup>.

Despite these guidelines, inappropriate complementary feeding practices remain widespread worldwide, including the untimely introduction of foods, inadequate feeding frequency, and limited dietary diversity<sup>[5]</sup>. Such practices have been

demonstrated to adversely affect child health. Only a small percentage of children globally receive complementary foods that are timely, sufficient, and varied, which contributes significantly to undernutrition—a leading cause of illness and death among children under five<sup>[6,7]</sup>. In many regions, both early and delayed introduction of complementary foods, along with poor feeding quality, are prevalent, increasing the risk of stunting, micronutrient deficiencies, and common childhood diseases.

Complementary feeding practices are shaped by a variety of factors, including maternal and household characteristics like parental education, employment status, family size, household income, and media exposure. Additionally, socio-cultural factors significantly influence feeding behaviors; cultural beliefs, traditions, and norms around child feeding guide caregivers' choices and can either promote or obstruct

optimal feeding<sup>[8,9]</sup>. Despite its powerful impact, the socio-cultural context of infant and young child feeding is frequently overlooked in nutritional intervention programs<sup>[10]</sup>.

The influence of media and family members, particularly elders, is gaining recognition in shaping feeding choices. Mass media platforms like television, radio, and print materials serve as powerful channels to disseminate health messages and shape knowledge and attitudes widely<sup>[11,12,13]</sup>. Furthermore, interpersonal counseling and support provided during immunization and antenatal visits have shown effectiveness in enhancing infant and young child feeding practices<sup>[14,15]</sup>. Nonetheless, gaps persist in both the reach and quality of counseling, highlighting the necessity to bolster health education and support systems to achieve better complementary feeding outcomes.

However, limited research has holistically examined how media exposure, familial and socio-cultural influences, and counseling during immunization collectively shape complementary feeding practices, particularly in real-world community settings. There remains a need to understand the interplay of these factors to design effective, context-specific interventions. The purpose of this study is to examine the impact of media, family, socio-cultural influences, and immunization counseling on complementary feeding practices among mothers.

## METHODS & MATERIALS

This cross-sectional study was conducted at the Paediatric Inpatient and Outpatient Departments of Dhaka Shishu Hospital and the Institute of Child Health & Shishu Sasthya Foundation Hospital (ICH & SSFH), Mirpur-2, Dhaka, Bangladesh, over a period from September 2009 to December

2009. A total of 400 mothers of children aged 6 months to 2 years were included, with 200 participants enrolled from each hospital.

### Inclusion Criteria

- Mothers with children aged 6 months to 2 years
- Children of both sexes

### Exclusion Criteria

- Children with congenital anomalies (e.g., cleft lip/palate, congenital heart disease)
- Children with chronic conditions (e.g., cerebral palsy, developmental delay)

Data were collected through face-to-face interviews using a pre-tested structured questionnaire. The questionnaire gathered information on the timing, frequency, and consistency of complementary feeding, types of food provided, continuation of breastfeeding, challenges during the complementary feeding period, and influencing factors (e.g., media, family). Food consistency was categorized as either appropriate (thick, stayed on the spoon and held its shape on a plate) or thin (flowed off the spoon and did not hold its shape). Food quantity was assessed using a 150 ml visual aid, with age-specific recommendations:  $\frac{1}{2}$  cup per meal for children aged 6–11 months and  $\frac{3}{4}$  to 1 cup for those aged 12–23 months. Complementary feeding initiation at 6 months was considered appropriate. Data analysis was performed using SPSS version 12.0. Descriptive statistics were used to summarize demographic characteristics and feeding practices. Chi-square tests were applied to assess associations between categorical variables, and a p-value of  $<0.05$  was considered statistically significant.

## RESULTS

**Table – I: Demographic Characteristics of the Mothers and Children (n=400)**

Variable		Frequency (n)	Percentage (%)
Age of Patient (Months)		14.08 $\pm$ 3.76	
Mother's Occupation	Housewife	341	85.2
	Service holder	26	6.5
	Daily worker	20	5.0
	Others	13	3.3
	Total	400	100.0
Mother's Education	Primary	244	61.0
	Secondary	121	30.3
	Higher Secondary	16	4.0
	Graduate	19	4.8
	Total	400	100.0

The mean age of the children was 14.08  $\pm$  3.76 months. Most mothers were housewives (n = 341; 85.2%), followed by service holders (n = 26; 6.5%), daily workers (n = 20; 5.0%), and others (n = 13; 3.3%). Regarding maternal education, the

majority had primary education (n = 244; 61.0%), followed by secondary (n = 121; 30.3%), graduate (n = 19; 4.8%), and higher secondary (n = 16; 4.0%).

**Table – II: Distribution of Mothers by Use of Marketed Complementary Food and Family Advice on Home-based Feeding**

Variable	Frequency (n)	Percentage (%)
Used marketed food	Yes	180
	No	220
	Total	400
Family advised home food	Yes	164
	No	236
	Total	400

Table 2 illustrates the frequency and percentage of mothers who reported using marketed complementary foods and those who received family advice to give home-prepared food. Out of 400 mothers, 180 (45.0%) used marketed complementary

food, while 220 (55.0%) did not. Regarding family influence, 164 mothers (41.0%) were advised by family members to provide home-based complementary feeding, compared to 236 (59.0%) who were not.

**Table – III: Association Between Immunization Counseling and Timing of Complementary Feeding**

Complementary Feeding Counseling During Immunization	Time of starting complementary feeding				Total	df	Chi-square Value	P Value
	Before 6 months	At 6 months	7 months – 1 year	1 year – 2 years				
Yes	9	37	12	0	68	3	46.332	0.000
No	119	139	64	20	332			
Total	128	176	76	20	400			

Table 3 shows that among 68 mothers who received complementary feeding counseling during immunization, 37 (54.4%) initiated feeding at the appropriate time (6 months),

compared to 139 (41.9%) of 332 non-counseled mothers. This association was statistically significant ( $\chi^2=46.332$ ,  $df=3$ ,  $p<0.001$ ).

**Table – IV: Association Between Immunization Counseling and Frequency of Daily Complementary Feeding**

Complementary Feeding Counseling During Immunization	No. of complementary feedings per day				Total	df	Chi-square Value	P Value
	One	Two	Three	More than Three				
Received	23	13	27	5	68	3	10.912	0.012
Not Received	66	125	116	25	332			
Total	89	138	143	30	400			

Table 4 shows that among 68 mothers who received complementary feeding counseling during immunization, 32 provided complementary feeding  $\geq 3$  times/day. Among 332

non-counseled mothers, 141 did the same. The association is statistically significant ( $\chi^2=10.912$ ,  $df=3$ ,  $p=0.012$ ).

**Table – V: Influence of Neighbors, TV, or Radio on Complementary Feeding Practices**

Influenced by neighbors / TV / radio	Frequency	Percentage
Yes	196	49.0
No	204	51.0
Total	400	100.0

Table 5 shows that 196 out of 400 mothers (49.0%) reported being influenced by neighbors, television, or radio regarding complementary feeding, while 204 (51.0%) reported no such influence.

**Table – VI: Association Between Neighbor/Media Influence and Time of Starting Complementary Feeding**

Influenced by Neighbor	Time of starting complementary feeding				Total	df	Chi-square Value	P Value
	Before 6 months	At 6 months	7 months – 1 year	1 – 2 years				
Yes	60	116	20	0	196	3	55.233	0.000
No	68	60	56	20	204			
Total	128	176	76	20	400			

Among 196 mothers influenced by neighbors or media, 116 (59.2%) started complementary feeding at 6 months. In contrast, only 60 out of 204 non-influenced mothers (29.4%)

did the same. The association was statistically highly significant ( $\chi^2 = 55.233$ ,  $df = 3$ ,  $p < 0.001$ ).

**Table – VII: Association Between Neighbor/Media Influence and Consistency of Complementary Feeding**

Influenced by Neighbor	Consistency of feeding			Total	df	Chi-square Value	P Value
	Thin	Appropriate	Not Known				
Yes	126	70	0	196	2	9.264	0.010
No	150	50	4	204			
Total	276	120	4	400			

Out of 196 mothers influenced by neighbors or media, 70 (35.7%) provided complementary feeding with appropriate consistency. Among 204 non-influenced mothers, only 50

(24.5%) did so. This difference was statistically significant ( $\chi^2 = 9.264$ ,  $df = 2$ ,  $p = 0.010$ ).

**Table – VIII: Association Between Mother's Education and Starting Timing of Complementary Feeding**

Mother's Education	Starting time of complementary feeding		Total	Chi-square Value	P Value
	Not Started at 6 Months	Started at 6 Months			
Primary	156	88	244	22.457	0.000
Secondary and above	62	94	156		
Total	218	182	400		

Among mothers with primary education, 88 (36.1%) started complementary feeding at 6 months, compared to 94 (60.3%)

of those with secondary or higher education. This difference is statistically significant ( $\chi^2 = 22.457$ ,  $p < 0.001$ ).

**Table – IX: Association Between Mother's Education and Consistency of Complementary Feeding**

Mother's Education	Consistency of feeding		Total	Chi-square Value	P Value
	Thin	Appropriate			
Primary	189	51	244	26.309	0.000
Secondary and above	87	69	156		
Total	276	120	400		

Among mothers with primary education, 51 (20.9%) provided appropriate consistency of complementary feeding, compared to 69 (44.2%) among those with secondary or higher

education. This difference is statistically significant ( $\chi^2 = 26.309$ ,  $p < 0.001$ ).

**Table – X: Impact of Antenatal Counseling on Timing of Complementary Feeding**

Status of Antenatal Period Counseling	Time starting complementary feeding				Total	df	Chi-square Value	P Value
	Before 6 months	At 6 months	7 months – 1 year	1 year – 2 years				
Yes	18	74	24	0	116	3	36.833	0.000
No	110	102	52	20	284			
Total	128	176	76	20	400			

Among 116 mothers who received antenatal counseling, 74 (63.8%) started complementary feeding at 6 months, compared to 102 (35.9%) among 284 mothers without counseling. This difference is statistically significant ( $\chi^2 = 36.833$ ,  $p < 0.001$ ).

## DISCUSSION

Complementary feeding is a critical component of infant nutrition, particularly between 6 months and 2 years of age,

when breast milk alone is no longer sufficient to meet the child's nutritional needs. Despite global recommendations, suboptimal complementary feeding practices remain widespread, influenced by a range of personal, familial, socio-cultural, and informational factors. The present study aimed to assess the impact of media exposure, family and socio-cultural influences, and counseling during immunization and antenatal care on complementary feeding practices among mothers. A total of 400 mothers with children aged 6 months

to 2 years were enrolled from two tertiary care hospitals in Dhaka, Bangladesh.

In this study, the mean age of children was  $14.08 \pm 3.76$  months. Most mothers were housewives, indicating they were likely the primary caregivers. A large proportion had only primary education, with fewer attaining secondary or higher levels. This suggests potential limitations in access to information and awareness about appropriate complementary feeding, highlighting the need for targeted education and support.

In the present study, 45% of mothers reported using marketed complementary foods, while 41% received advice from family members to provide home-prepared food. These findings are consistent with those of Debessa et al.<sup>[16]</sup>, who found that 44.3% of mothers offered commercially produced complementary foods, with usage influenced by maternal employment and exposure to promotional content. Such parallels suggest that socioeconomic dynamics and media marketing continue to shape feeding decisions. Additionally, the substantial proportion of mothers receiving family advice in this study highlights the persistent role of familial influence in shaping feeding practices, underscoring the need to address both commercial and cultural drivers in complementary feeding interventions.

The findings from this study indicate a significant association between immunization counseling and the timely initiation of complementary feeding. Among mothers who received counseling during immunization visits, more than half (54.4%) initiated complementary feeding at the recommended time of 6 months, compared to only 41.9% of those who did not receive such counseling. This pattern aligns with the observations of Moras et al.<sup>[17]</sup>, who reported that 82.6% of children aged 6–23 months whose mothers were counseled during immunization visits began complementary feeding appropriately. These results reinforce the importance of leveraging immunization contacts as key opportunities to provide nutritional guidance and promote optimal infant feeding practices.

In this study, a significant association was found between immunization counseling and the frequency of daily complementary feeding. Among the 68 mothers who received counseling during immunization, 32 (47.1%) provided complementary feeding three or more times per day, whereas only 141 (42.5%) of the 332 mothers who did not receive such counseling followed the same practice. This suggests that counseling provided during immunization visits may play a crucial role in improving the frequency of complementary feeding. Mothers who received counseling appeared more likely to adhere to recommended feeding frequencies, highlighting the value of integrating nutrition education into immunization services to promote optimal infant feeding behaviors.

In this study, 49.0% of mothers reported being influenced by neighbors, television, or radio regarding complementary feeding. This highlights the significant role of informal sources and mass media in shaping feeding practices, emphasizing the need for accurate and consistent nutrition messages through these channels.

The present study found a statistically significant association between neighbor/media influence and the timing of initiation of complementary feeding ( $\chi^2 = 55.233$ ,  $p < 0.001$ ), with 59.2% of mothers influenced by neighbors, television, or radio starting complementary feeding at the recommended age of six months, compared to only 29.4% among those not influenced. This finding aligns with the study by Dhawan et al.<sup>[18]</sup>, which utilized data from India's NFHS-5 and demonstrated that mass media exposure, especially through television, was positively associated with adherence to appropriate infant and young child feeding practices. Similarly, Hanindita et al.<sup>[19]</sup> reported that in Indonesia, 57.1% of mothers relied on internet sources such as parenting forums and social media platforms for complementary feeding information, emphasizing the growing role of digital and community-based sources in shaping maternal behavior. Together, these studies support the conclusion that both traditional and digital media, along with interpersonal influence from neighbors, can positively impact timely initiation of complementary feeding practices.

In this study, nearly half of the mothers (49%) reported being influenced by neighbors or media, and a significant association was found between such influence and the consistency of complementary feeding ( $p = 0.010$ ). Mothers influenced by neighbors or media were more likely to provide appropriately consistent food compared to those who were not. This pattern reflects the role of social interactions and information diffusion, similar to the findings of Nguyen et al.<sup>[20]</sup>, who reported that even nonparticipant neighbors of households receiving nutrition education showed improved feeding practices. These results underscore how community-level exposure and social norms can positively impact complementary feeding behaviors.

The present study found a statistically significant association between maternal education and the timing of complementary feeding initiation ( $\chi^2 = 22.457$ ,  $p < 0.001$ ), with 60.3% of mothers with secondary education or higher initiating complementary feeding at the recommended age of six months, compared to only 36.1% among those with primary education. This result is consistent with the findings of Fein et al.<sup>[21]</sup> from the Infant Feeding Practices Study II conducted in the United States, which reported that mothers with higher educational attainment were more likely to adhere to recommended infant feeding practices, including timely initiation of complementary feeding. The similarity between these studies underscores the crucial role of maternal education in influencing health-related behaviors and highlights the need for targeted educational interventions to promote optimal feeding practices among less-educated mothers.

This study found a significant association between maternal education and the consistency of complementary feeding, with 44.2% of mothers with secondary or higher education providing appropriately consistent food, compared to only 20.9% of those with primary education. These findings suggest that higher education enhances mothers' understanding of proper feeding practices, underscoring the



need to target less-educated mothers with focused nutritional guidance.

This study found a significant association between antenatal counseling and the timely initiation of complementary feeding ( $\chi^2 = 36.833$ ,  $p < 0.001$ ), with 63.8% of mothers who received antenatal counseling starting complementary feeding at 6 months, compared to only 35.9% among those who did not receive such counseling. These findings align with those of Pratista et al.<sup>[22]</sup>, who reported that antenatal care and nutrition counseling in Indonesia significantly increased the likelihood of timely complementary feeding initiation. Similarly, Roba et al.<sup>[23]</sup> observed in Eastern Ethiopia that antenatal care and counseling were linked to improved maternal knowledge on infant and young child feeding, which contributed to better adherence to recommended feeding timelines. Together, these findings emphasize the critical role of antenatal counseling in shaping positive infant feeding behaviors.

### Limitations of the study

This study did not assess the quality of complementary foods, exact dietary intake, feeding techniques, or active feeding behaviors.

### Conclusion

Complementary feeding is vital from 6 months of age to ensure proper growth and development while continuing breastfeeding. This study identified several key factors influencing inappropriate complementary feeding practices, including low maternal education, lack of counseling during antenatal visits and immunization sessions, and limited influence from media or community sources. Strengthening maternal education and ensuring consistent counseling during healthcare contacts, along with leveraging media and social influence, can help improve complementary feeding practices.

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