

Prevalence and Factors Associated With Complementary Feeding Practices among Children Aged 6–23 Months in Ataye Town, Central Ethiopia

Mulat Mossie Menalu^{1*}  and Michael Amera Tizazu² 

¹College of Medicine and Health Sciences, Debre Markos University, Debre Markos, Ethiopia

²Department of public health, College of health Science, Institute of Medicine and Health Science, Debre Berhan University, Debre Berhan, Ethiopia

*Corresponding Author

Mulat Mossie Menalu, College of Medicine and Health Sciences, Debre Markos University, Debre Markos, Ethiopia.

Submitted: 2026, Apr 13; Accepted: 2026, May 04; Published: 2026, May 21

Citation: Menalu, M. M., Tizazu, M. A. (2026). Prevalence and Factors Associated With Complementary Feeding Practices among Children Aged 6–23 Months in Ataye Town, Central Ethiopia. *Adv Nutr Food Sci*, 11(1), 01-08

Abstract

Background: The impact of malnutrition in the first two years of child age on child mortality and morbidity can be prevented through adequate child nutrition practice. Appropriate complementary feeding practices in Ethiopia is very low and the EDHS report shows small changes over time. Therefore, this study aimed to assess complementary feeding practice among 6-23 months of age children in Ataye town, Central Ethiopia.

Methods: A community-based cross-sectional study was conducted on 216 mothers selected through systematic random sampling. Data were collected using a structured questionnaire through a face-to-face interview by trained nurses. EpiData 3.4 and SPSS version 21 were used for data entry and analysis respectively.

Results: More than half (55.2%) mothers had appropriate complementary feeding practice. Bottle-feeding and Postnatal care were significant predictors of appropriate complementary feeding practice. Appropriate complementary feeding practice was two-fold higher [AOR 2.053 95%CI (1.051-4.011)] and 3.4 times higher [AOR 3.434, 95%CI (1.021, 11.552)] among non-bottle feeding and PNC attendant respectively.

Conclusions: There is relatively a higher appropriate complementary feeding practice in Ataye town. Non-bottle feeding and PNC attendance increase appropriate complementary feeding practice. Therefore, it is important to encourage postnatal care service utilization by mothers and nutritional advice should emphasis avoiding bottle feeding practice.

List of Abbreviations

- ❖ ACFP- Appropriate Complementary Feeding Practice
- ❖ EDHS- Ethiopian Demographic and Health Survey
- ❖ HEP- Health Extension Program
- ❖ HSTP- Health Sector Transformation Plan
- ❖ IYCF- Infant and Young Child Feeding.

Keywords: Appropriate Complementary Feeding, Breast Feeding, Ataye

1. Introduction

The first two years of child age considered, as “the first 1000 days window of opportunity” are crucial to prevent the irreversible impact of under nutrition on children's physical growth, mental and intellectual development. Appropriate infant and young child feeding (IYCF) practices have a significant impact on child survival [1-3].

IYCF practice includes breastfeeding initiation immediately or within one hour of birth, exclusive breastfeeding for 6 months, introduces complementary feedings at 6 months and continues breastfeeding until two years of child age [4].

IYCF program has been implemented since 2004 through the existing platform of Health Extension Program (HEP) and Health Development Army (HAD) as community-based nutrition intervention [5,6]. However, the ‘1000 days Nutrition Service Program’ was launched in 2016 to meet the goal of eliminating under two-year children stunting by 2030 (known as Sekota Declaration) [7,8]. Therefore, improving IYCF practice is an important strategy to achieve sustainable development goals (SDGs) of reducing under-five child mortality at least to 25 per 1000 live birth [1,9].

Appropriate complementary feeding practice (ACFP) is timely initiation of complementary foods with recommended quality, amount and frequency which has to be gradually increased as children get older [5-7]. The World Health Organization (WHO) and UNICEF recommends timely introduction of nutritionally adequate solid, semisolid, or soft foods starting at 6 months of age while continuing to breastfed from 6–23 months of age, even though breastfeeding may continue to two years of age and beyond. This is a critical period of growth during which nutrient deficiencies and illnesses contribute globally to higher rates of under nutrition among children less than five years of age [10].

Appropriate complementary feeding promotes optimal childhood nutrition. Malnutrition contributes to more than 50% of childhood mortality worldwide and about one-third of under-five child mortality is attributed by inappropriate complementary feeding practices in developing countries [1,5]. In developing countries, 6% of all under-five-year-old children's deaths can be prevented by appropriate complementary feeding [11].

Inappropriate complementary feeding practices contribute to under nutrition among children less than 2 years of age. In Ethiopia, 53% of child mortality and 47% under-five children stunting are associated with malnutrition [8].

Evidence showed that ACFP in Ethiopia remains a major problem with very small changes over time [12-14]. According to the Ethiopian Demographic Health Survey (EDHS) report, ACFP shows only a 3% increment from 4% in 2011 to 7% in 2016. The lowest (2-3%) proportion of children who receive the minimum acceptable diet and the highest proportion of stunted children were found in the Amhara region [15,16]. Despite evidences in different

parts of Ethiopia, there is no study on the prevalence and factors associated with complementary feeding practices in Ataye town.

Thus, it is important to examine complementary feeding practices and identify the segment of a population practicing inappropriate complementary feeding practices in different parts of Amhara region where the highest prevalence of stunting was reported. Thus, the aim of this study was to assess the magnitude and identify factors associated with ACFP among 6-23 months of age children in Ataye town, Amhara, Central Ethiopia

2. Materials and Methods

2.1. Study Design and Setting

A community-based cross-sectional study was conducted on mothers having 6-23 months of age children who reside in Ataye town from September to December 2019. The town is located in North Shoa Zone, Southern part Amhara region, central Ethiopia. It is 270 km far from Addis Ababa the capital city of Ethiopia. The town has three Kebeles (lowest administrative unit), one public district hospital, one public health center, and 6 private clinics.

2.2. Sample Size and Sampling Procedure

The sample size was determined by using single population proportion formula with the assumption of 0.05% marginal error, 95% confidence level ($Z_{\alpha/2}=1.96$), 15% prevalence of weaning practice from a study conducted in Debre Markos district, Amhara regional state and adding 10% non-response rate the final sample size was 216 households having 6-23 months age children [17].

A proportional systematic random sampling technique was used to select households having 6-23 months of age children from every three Kebeles. First, we obtain a list of households having 6-23 months old children which are available from health extension workers (HEW) from each Kebeles. If there were two or more eligible children in the selected household's lottery method was used to select one.

2.3. Dependent and Independent Variables

- **Dependent Variable = Appropriate Complementary Feeding Practice**
 - **Independent variables:** Ethnicity, Religion, Marital status, Educational status, Occupation income, Family size, Number of children, Child age (in months), Child sex, Parity, ANC service, Number of ANC visit, Place of delivery, PNC service, Breast feeding initiation time after birth, Exclusive breast feeding, Cessation of breast feeding, Child age at cessation of breast feeding, Child age at CF initiation, and Dietary Diversity and frequency.
- **Operational Definitions**
 - **Cessation of Breast Feeding:** It is complete stopping of breastfeeding and expressed breast milk feeding.
 - **Mixed Feeding:** It feeding of both breast milk and other foods before 6 months of child age.
 - **Complementary Feeding:** is supplementation of breastfeeding with other soft, semi-solid or solid foods to

meet the nutritional requirement of children.

- **IYCF Practice:** IYCF practice includes immediate breastfeeding initiation or within one hour of birth, exclusive breastfeeding, introducing complementary feedings at 6 months of age and continue breastfeeding until two years of child age.
- **Appropriate Complementary Feeding Practice:** children who initiate complementary feeding timely with minimum diet diversity, meal frequency and continued breastfeeding for 2 years of child age [10]. These indicators used to measure ACPF was assessed based mothers 24-hour recall method of foods offered to children on the previous day of the interview and are defined as follow:
- **Timely Initiation of Complementary Feeding:** introducing soft, semi-solid or solid foods at 6 months of children age.
- **Minimum Diet Diversity:** provision of complementary foods prepared from at least four of the seven food groups (1. Grains, roots and tuners 2. Legumes and nuts 3. Dairy products 4. Flesh foods 5. Eggs 6. Vitamin-A rich fruits and vegetables 7. Other fruits and vegetables) for children aged 6-23 months.
- **Minimum Meal Frequency:** complementary feeding practice of twice per day for breastfed infants aged 6 months; three times per day for breastfed, children aged 7-8 months; and four or more times per day for breastfed, children aged 9-23 months and for non-breastfed, children aged 6-23 months.
- Continuation of breastfeeding practice at least until 23 months of children age.

3. Data Collection Tools and Procedures

Data was collected through a face-to-face interview technique using a structured questionnaire adapted from EDHS 2016 (16), WHO standardized questionnaire for IYCF practices (2) and reviewing other similar studies. The questionnaire was first translated to Amharic (local language) and then back to English to check for internal consistency. Data related to socio-demographic characteristics, maternal health service utilization, breastfeeding,

and complementary feeding practice were collected by three trained nurses with the help of one supervisor. The completeness and consistency of collected data were checked daily by the supervisor on a daily base.

3.1. Data Processing and Analysis

The completeness and consistency of collected data was rechecked by the principal investigator before data entry. Data were entered into Epi Data version 3.4 and then exported to SPSS version 21 for further analysis. Descriptive analysis was made to summarize socio-demographic, obstetric and ACF practice of study participants. Both bivariate and multivariable analyses were executed using binary logistic regression to identify predictor variables for appropriate complementary feeding practice. The odds ratio with a 95% confidence interval was computed to see the magnitude of the association between the dependent and independent variables. Variables with a p-value of less than 0.2 on bivariate analysis were included in the multivariate analysis. Variables with a p-value less than 0.05 on multivariate analysis were considered as a statistically significant predictor for the outcome variable.

4. Result

4.1. Socio-Demographic Characteristics of Participants

As shown in Table 1 below, out of 216 mothers along with their children expected all 216 of them participated in the study with a 100% response rate. The age of mothers ranged from 16 to 45 years with a mean (\pm SD) age of 26 (\pm 6.12) years. Majorities 175(81%), 192(88.9%) and 110(50.9%) mothers were Amhara ethnic group, married and Muslim religion followers respectively. Eighty-nine (41.2%) mothers were illiterate and 29(13.4%) attended college or university education. More than two-third 152(70.4%) of mothers were housewives and 161(74.5%) were dependent on their husbands as a means of income. Regarding children's characteristics, 85 (39.5%) children aged between 6-11 months and 115(53.2%) of them were females (Table 1).

Variables	Categories	Frequency	Percent (%)
Age (in years)	Mean = 26, SD = 6.12		
Ethnicity	Amhara	175	81.0
	Oromo	37	17.1
	Others	4	1.9
Religion	Orthodox	102	47.2
	Muslim	110	50.9
	Others	4	1.9
Marital status	Married	192	88.9
	Single	12	5.6
	Others	12	5.6
Educational status	Illiterate	89	41.2
	Primary	68	31.5
	Secondary	30	13.9
	College/university	29	13.4

Occupation	Housewife	152	70.4
	Self-employee	33	15.3
	Government employee	25	11.6
	Others	6	2.8
Income (Ethiopian birr) Mean = 2172.45 birr, SD = 1700.5			
Source of income	Self	15	6.9
	Husband	161	74.5
	Parents	29	13.4
	Others	11	5.1
Family size	≤3	69	31.9
	≥4	147	68.1
Number of children	One	82	38.0
	Two or more	134	62.0
Child age (in months)	6	15	6.9
	7-8	33	15.3
	9-11	37	17.1
	12-23	131	60.6
Child sex	Female	115	53.2
	Male	101	46.8

Table 1: Socio-Demographic Characteristics of Participants in Ataye Town, Ethiopia, 2019

4.2. Maternal Health Characteristics

One hundred thirty-one (60.6%) of mothers had more than one live birth history. Out of 203(94.0%) mothers who had antenatal care (ANC) service, two mothers had one visit and 123(62.6 %) had

four or more ANC visits. Hundred ninety-eight (91.7%) mothers delivered their last pregnancy in the health facility and 18(8.3) had home delivery. About nine-tenth 196(90.7%) mothers had no postnatal care (PNC) service for their last delivery (Table 2).

Variables	Categories	Frequency	Percent (%)
Parity	Primipara	85	39.4
	Multipara	131	60.6
ANC service	Yes	203	94.0
	No	13	6.0
Number of ANC visit	One	2	1.0
	Two	12	5.9
	Three	62	30.5
	Four & more	127	62.6
Place of delivery	Home	18	8.3
	Health facility	198	91.7
PNC service	Yes	20	9.3
	No	196	90.7

Table 2: Maternal Health Condition of Participants in Ataye Town, Ethiopia, 2019

4.3. Breastfeeding and Complementary Feeding Practice

All mothers involved in this study had ever breastfed at some point in the past. Majority 192(88.9%) initiated breastfeeding immediately after birth within one hour and 183(84.7%) exclusively breastfed for six months. Thirty-three (15.3%) mothers had mixed feeding practice. Majority 191(88.4%) mothers were breastfeeding their

children at the time of data collection. Breastfeeding cessation before 2 years of child age was 25(11.6%) and majorities 15(60%) ceased breastfeeding before 4 months of child age (Table 3).

Out of 205(94.9%) mothers who initiated complementary feeding 172(83.9%) initiated at 6 months of child age. One Hundred thirty-

four (65.4%) mothers conformed to the WHO recommended minimum diet diversity of ≥ 4 food groups and 184(89.8%) had a minimum meal frequency of ≥ 4 times/day. More than one-third of 77(37.6%) mothers were practicing bottle feeding. More than half of mothers 101(55.2%) had ACFP by considering child age at complementary food initiation, minimum diet diversity, minimum meal frequency and continuation of breastfeeding as an indicator

to measure ACFP (Table 3).

Appropriate complementary feeding practice was found to be 55.2% with its composite indicators, timely initiation of weaning food 83.9%, dietary diversified feeding 65.4%, and feeding with the recommended meal frequency per day 89.8%.

Variables	Categories	Frequency	Percent (%)
Breast feeding initiation time after birth	Immediately	192	88.9
	Within 24 hours	20	9.3
	After 24 hours	4	1.8
Exclusive breast feeding	Yes	183	84.7
	No	33	15.3
Cessation of breast feeding	Yes	25	11.6
	No	191	88.4
Child age at cessation of breast feeding	Before 4 month	15	60.0
	4-5 month	2	8.0
	6-11 month	5	20.0
	12-23 month	3	12.0
Complementary feeding	Yes	205	94.9
	No	11	5.1
Child age at CF initiation	Before 6 month	33	16.1
	At the age of 6 month	172	83.9
Dietary Diversity	≤ 2 food group	13	6.3
	3 food group	58	28.3
	≥ 4 food group	134	65.4
Meal frequency	\leq twice per day	2	1.0
	Three times per day	19	9.3
	\geq four times per day	184	89.8
Bottle feeding	Yes	77	37.6
	No	128	62.4
Appropriate complementary feeding practice	Yes	101	55.2
	No	82	44.8

Table 3: Breast and Complementary Feeding Practice of Mothers in Ataye Town, Ethiopia, 2019

4.4. Factors Associated With Appropriate Complementary Feeding

Variables identified with a p-value of ≤ 0.2 on bivariate analysis; maternal age, religion, parity, maternal occupation, family size, ANC service, PNC service, place of delivery and bottle-feeding were taken as a candidate for multivariate analysis. On multivariate

PNC service and bottle-feeding practices were found to have a statistically significant association with ACFP. As compared to bottle-feeding mothers, ACFP was two-fold higher among non-users [AOR 2.053, 95%CI (1.051, 4.011)]. Mothers who had PNC service were 3.4 times at increased odds of ACFP than their counterparts [AOR 3.434, 95%CI (1.021, 11.552)] (Table 4).

Variables	Categories	Appropriate weaning practice		COR (95%CI)	AOR (95%CI)
		Yes	No		
Age		101	82	1..53 (1.000-1.108)	0.987 (0.908-1.072)
Religion	Orthodox	52	35	1	1
	Muslim	46	46	0.673 (0.372-1.217)	0.747 (0.379-1.472)

	Others	3	1	2.019 (0.202-20.200)	0.513 (0.039-6.828)
Parity	Primipara	35	41	1	1
	Multipara	66	41	1.886 (1.039-3.423)	1.870 (0.991-3.526)
Occupation	House wife	62	65	1	1
	Private employee	20	2	2.621 (1.076-6.387)	2.078 (0.820-5.270)
	Government employee	17	7	2.546 (0.988-6.560)	2.065 (0.766-5.570)
	Others	2	2	1.048 (0.143-7.674)	1.160 (0.135-9.946)
Place of delivery	Home	6	8	1	1
	Health facility	95	74	1.712 (0.569-5.149)	1.183 (0.314-4.458)
Bottle feeding	Yes	27	30	1	1
	No	74	43	1.912 (1.004-3.632)	2.053 (1.051-4.011)*
ANC service	Yes	98	75	3.049 (0.763-12.186)	2.399 (0.541-10.636)
	No	3	7	1	1
PNC service	Yes	13	5	2.275 (0.776-6.671)	3.434 (1.021-11.552)*
	No	88	77	1	1

NB: * statistically significant

Table 4: Bivariate & Multivariate Analysis of Factors Associated With ACFP in Ataye Town, 2019

5. Discussion

This study revealed that 83.9% of mothers in Ataye town initiated complementary feeding at 6 months of their child age. This is comparable with a study conducted in Addis Ababa [18], which showed 83% of mothers initiated complementary feeding timely. The difference might be because of socioeconomic and health-care access disparities. The study population and sample size taken could also explain the differences.

According to this study, the magnitude of timely initiation of complementary feeding practice is lower than 88.2% and 87.7% study findings in Wolayita zone and Hula district of Southern Ethiopia respectively. However, this finding is higher than several local studies conducted in Damot Northwest Ethiopia 74.2%, Feres bet Northwest Ethiopia 61.5% and Halaba Kulito Southern Ethiopia 57.8%, Wolayita Sodo town on mothers having 6-12 and 6-23 months old children 71.2% and 66.3% respectively [14,19-24].

This reflects timely initiation of complementary feeding practice shows promising increment which might be due to the great achievements of community-based IYCF program implemented through the existing Health Extension Program (HEP) in Ataye town.

In this study, more than half (55.2%) mothers were found to practice appropriate complementary feeding which was measured by considering child age at complementary food initiation, diet diversity, meal frequency and continuation of breastfeeding in addition to the introduction of complementary foods. This finding is much higher than a study report of 11.4% in Damot, 15% in Debre Markos and 37.2% in Debre Tabor Hospital and 49.6% in Woldia Town, Northeast Ethiopia [13,14,17,25]. This could be due to our study focused on urban mothers and urbanization

might increase the mother's awareness about the importance of appropriate complementary feeding on child nutritional status. The difference might also be explained by the current study was limited to urban residents and a small sample relative to the former studies done in both urban and rural communities using a large sample size.

The finding is almost similar to the report of 56.5% appropriate complementary feeding practice in a study conducted in the Lasta district Amhara region, Northeast Ethiopia [26].

According to this study, ACFP was found statistically dependent on bottle-feeding practice and PNC service. ACFP was two-fold higher among non-bottle feeding mothers. This probable may imply that mothers use cow or canned milk for bottle feeding so that they can avoid preparing semi-solid and solid supplementary foods for their children. Therefore bottle feeding is not a cause for unhygienic feeding practice but also limits the density and number of food groups used for complementary feeding [6].

Mothers who attended PNC service were 3.4 times more likely to have ACFP than their counterpart. This finding is comparable with a study in Bahir Dar which reported that ACFP was 4 fold higher among PNC attendant mothers. Studies conducted in Lasta, Fiche, Damot Weydie also revealed that PNC attendance increased the practice of appropriate complementary feeding [26-29].

6. Limitations of the Study

This study was not supplemented with a qualitative study. There might be a social desirability bias and recall bias about the type and time of commencement of complementary foods by mothers during the interview.

7. Conclusions and Recommendations

This study concludes that timely initiation of complementary feeding at six months of child age was higher in Ataye town. More than half of mothers in Ataye town were practicing appropriate complementary feeding. Avoiding bottle feeding practice and attending PNC service were significantly associated with increased appropriate complementary feeding practice. Therefore it is important to encourage postnatal care service utilization by mothers and nutritional advice should emphasize avoiding bottle feeding practice.

Ethical approval and consent to participate

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Ethical approval was obtained from Debre Berhan University College of Medicine and Health Sciences Research Ethics Committee. Informed consent was obtained from all participants prior to data collection. Clinical trial number: not applicable.

Consent for publication

Not applicable

Availability of data and materials

The data sets analyzed are available with a reasonable request through the corresponding author

Competing interests

The author declare no competing interests.

Funding

No funding

Authors' contributions

MM designed the investigation, carried out the data analyses, interpreted the results, and prepared the manuscript. MA facilitated the data collection and revised the Manuscript. All authors read and approved the final manuscript.

Acknowledgments

We would like to thank Debre Berhan University for its material support. We are also grateful for study participants for their cooperation and valuable information, to data collectors and supervisors for their time and full commitment.

Authors' information

MM: BSc, MSc in Pediatrics and Child health Nursing, MBA in Business Administration; Lecturer in Debre Markos University, College Medicine and Health Science, Department of Nursing and PhD Candidate in Public Health Nutrition in Bahir Dar University
MA: BSc, MPH in Reproductive Health, Lecturer in Debre Berhan University, College Medicine and Health Science and PhD Candidate in Reproductive Health in Bahir Dar University

References

1. Menalu, M. M., & Tizazu, M. A. (2026). Prevalence and Factors associated with complementary feeding practices

among children aged 6–23 months in Ataye town, Central Ethiopia.

- World Health Organization. (2021). Infant and young child feeding counselling: an integrated course: participant's manual.
- Save the Children. (2015). Adolescent nutrition: policy and programming in SUN+ countries.
- Sanghvi, T., Martin, L., Hajeebhoy, N., Abrha, T. H., Abebe, Y., Haque, R., ... & Roy, S. (2013). Strengthening systems to support mothers in infant and young child feeding at scale. *Food and nutrition bulletin*, 34(3_suppl2), S156-S168.
- World Health Organization. (2013). Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition. World Health Organization.
- MoH. Ethiopian national strategy for infant and young child feeding: Minister of Health; 2004.
- World Health Organization, & UNICEF. (2003). *Global strategy for infant and young child feeding*. World Health Organization.
- Levinson J, Admassu B, Trevors T, Teshome A. 2014. Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE), Ethiopia-External mid-term performance evaluation report. Addis Ababa, Ethiopia: Tufts University Africa Regional Office.
- Singh, A., Pope, F. D., Radcliffe, J., Luiu, C., Bakare, H., Bartington, S. E., ... & Thomson, I. (2024). Delivering sustainable climate action: reframing the sustainable development goals. *npj Climate Action*, 3(1), 110.
- World Health Organization. (2010). *Indicators for assessing infant and young child feeding practices: part 2: measurement*. World Health Organization.
- World Health Organization. (2010). *Indicators for assessing infant and young child feeding practices: part 2: measurement*. World Health Organization.
- Menalu, M. M., & Tizazu, M. A. (2026). Prevalence and Factors associated with complementary feeding practices among children aged 6–23 months in Ataye town, Central Ethiopia.
- Dagne, A. H., Anteneh, K. T., Badi, M. B., Adhanu, H. H., Ahunie, M. A., Tebeje, H. M. D., & Aynalem, G. L. (2019). Appropriate complementary feeding practice and associated factors among mothers having children aged 6–24 months in Debre Tabor Hospital, North West Ethiopia, 2016. *BMC research notes*, 12(1), 215.
- Areja, A., Yohannes, D., & Yohannis, M. (2017). Determinants of appropriate complementary feeding practice among mothers having children 6–23 months of age in rural Damot sore district, Southern Ethiopia; a community based cross sectional study. *BMC nutrition*, 3(1), 82.
- Menalu, M. M., & Tizazu, M. A. (2026). Prevalence and Factors associated with complementary feeding practices among children aged 6–23 months in Ataye town, Central Ethiopia.
- Demographic, E. (2011). Health survey: Addis Ababa. Ethiopia and Calverton, Maryland, USA: central statistics agency and ORC macro, 2011.

17. Belete, Y., Awraris, W., & Muleta, M. (2017). Appropriate complementary feeding practice was relatively low and associated with mother's education, family income, and mother's age: a community based cross-sectional study in Northern Ethiopia. *J Nutr Health Food Eng*, 6(2), 29-35.
18. Mohammed, S., Getinet, T., Solomon, S., & Jones, A. D. (2018). Prevalence of initiation of complementary feeding at 6 months of age and associated factors among mothers of children aged 6 to 24 months in Addis Ababa, Ethiopia. *BMC nutrition*, 4(1), 54.
19. Menalu, M. M., & Tizazu, M. A. (2026). Prevalence and Factors associated with complementary feeding practices among children aged 6–23 months in Ataye town, Central Ethiopia.
20. Hoche, S., Meshesha, B., & Wakgari, N. (2018). Sub-optimal breastfeeding and its associated factors in rural communities of Hula District, southern Ethiopia: a cross-sectional study. *Ethiopian journal of health sciences*, 28(1), 49-62.
21. Bewket Zeleke, L., Welday Gebremichael, M., Mehretie Adinew, Y., & Abebe Gelaw, K. (2017). Appropriate weaning practice and associated factors among infants and young children in Northwest Ethiopia. *Journal of nutrition and metabolism*, 2017(1), 9608315.
22. Hibstu, D. T., Tesfaye, D. J., Abebo, T. A., & Bekele, F. B. (2018). Complementary feeding timing and its predictors among mothers' of children aged (6–23) months old in Halaba Kulito town, Southern Ethiopia. *Pediatr Res*, 22, 61-68.
23. Chane, T., Bitew, S., Mekonnen, T., & Fekadu, W. (2018). Initiation of complementary feeding and associated factors among children of age 6-23 months in Sodo town, Southern Ethiopia: Cross-sectional study. *Pediatric reports*, 9(4), 7240.
24. Tafesse, T., Badacho, A. S., & Kuma, D. M. (2018). Timely introduction of complementary feeding among caregivers of children 6-12 month Sodo Town, Ethiopia. *Health Science Journal*, 12(1), 1-7.
25. Asmare, L. D., Kassaw, M. W., Abebe, A. M., Abate, B. B., & Dagnaw Tegegne, K. (2020). Prevalence and factors associated with child feeding practice among mothers of Woldia Town, Northeast Ethiopia. *Nutrition and Dietary Supplements*, 205-213.
26. Molla, M., Ejigu, T., & Nega, G. (2017). Complementary feeding practice and associated factors among mothers having children 6–23 months of age, Lasta District, Amhara region, Northeast Ethiopia. *Advances in Public Health*, 2017(1), 4567829.
27. Demilew, Y. M., Tafere, T. E., & Abitew, D. B. (2017). Infant and young child feeding practice among mothers with 0–24 months old children in Slum areas of Bahir Dar City, Ethiopia. *International breastfeeding journal*, 12(1), 26.
28. Shukure, R. (2017). Assessment of knowledge, attitude and practice on initiation of complementary feeding among under two years children in fiche town, north showa zone, Ethiopia. *International Journal of Biomedical Engineering and Clinical Science*, 3(6), 103-109.
29. Epheson, B., Birhanu, Z., Tamiru, D., & Feyissa, G. T. (2018). Complementary feeding practices and associated factors in Damot Weydie District, Welayta zone, South Ethiopia. *BMC public health*, 18(1), 419.

Copyright: ©2026 Mulat Mossie Menalu. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.