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Investigation of Complementary Feeding Transition Behaviours in Mothers in the Process of Transition to Complementary Feeding: A Cross-Sectional Study

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ABSTRACT

Background: The transition to complementary feeding directly affects child health. In this period, economic and cultural factors affect the transition to complementary feeding. The aim of this study was to investigate the transition behaviours of mothers with 6-month-old babies who were in the process of transition to complementary feeding.

Method: The cross-sectional study was conducted between February and April 2024. The study sample consisted of 721 mothers with 6-month-old babies. The data were obtained through snowball sampling method on the online platform. The study focused on mothers' demographic and Transition to Complementary Feeding Behaviors Scale (TCFBS) results. Data were obtained on an online platform. Difference, correlation and regression analyses were performed.

Results: The mean age of the mothers included in the study was 27.58 ± 3.87. The TCFBS total score of the mothers included in the study was 92.01 ± 15.18. There was a statistically significant difference between the education and income status of the mothers and the gender of the baby and TCFBS total score ($p < 0.05$). According to the regression analysis, it is possible to explain approximately 46.4% of the variable of transition behaviour to complementary feeding in dependent mothers with the gender of the baby and the educational status of the mother.

Conclusion: Complementary feeding transition behaviour of mothers in the process of transition to complementary feeding was found to be positive. It was found that the complementary feeding behaviour of the mothers was affected by the gender of the baby and education, and the transition to complementary feeding behaviours of mothers with female babies and university graduates were positive. It can be said that mothers need care and counselling from midwives and nurses in this period.

1 | Introduction

Healthy nutrition, which is important in every period of life, starts in the womb for children. It becomes even more important in the first 2 years of life, the first 1000 days, when growth and development is very rapid. The first 1000 days from birth to the first 2 years of life is a critical period in which growth and development is rapid and a healthy life is formed. Nutrition during this period forms the basis not only for growth but also for the protection and promotion of health and psychosocial, motor and cognitive development (de Paiva et al. 2023; Neves et al. 2023; Padhani et al. 2023).

In the first 6 months of life after birth, breast milk is the most appropriate food for all developmental characteristics and needs of the baby. From the sixth month onwards, complementary feeding is started with the addition of new foods, taking into account both the developmental characteristics and

needs of the baby. The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months, the introduction of complementary feeding in addition to breast milk from the sixth month onwards and continued breastfeeding until 2 years of age and beyond. It also emphasizes that responsive feeding should respond to the baby's hunger cues and that the person feeding the baby should actively participate and encourage feeding (WHO 2018). When there is a disruption in any step of all these processes, problems develop in the infant's nutritional process. In the emergence of malnutrition, the inadequacy of food and the inability to give available food to children appropriately are responsible for the emergence of malnutrition. The basis of nutrition in the first years of life is breastfeeding for the first 6 months. In babies aged 6–24 months, the basis of nutrition is the transition to complementary feeding in parallel with breast milk (Karakul and Doğan 2021; Yılmaz 2020). A meta-analysis reported that although there is low evidence, switching to complementary feeding earlier than 6 months may lead to obesity in children (Padhani et al. 2023). Transition to complementary feeding is an important step for babies who are introduced to food for the first time. Psychosocial problems experienced during this period may affect the growth and health of the child in the future. This makes it necessary to take into account the child's emotions during feeding, to feed slowly, slowly and patiently, without forcing, trying different flavours and gaining the habit of feeding. In order to achieve this, a sensitive and enjoyable nutrition should be prioritized in complementary feeding (Durmuş et al. 2020; Hachısuka and Sugıyama 2020; Gümüştakım et al. 2017; Karakul and Doğan 2021). In a meta-analysis study, it was reported that coercive and traditional behaviours during the transition to complementary feeding increased the risk of overweight, hypertension, diabetes mellitus type II and dental caries in babies (Bergamini et al. 2022). In the meta-analysis results of 33 studies examining indicators of complementary feeding in children in Nigeria, it was reported that the reports were insufficient and not reported in accordance with the standards (Iheme et al. 2021). In the meta-analysis results of studies on feeding practices in infants and children in India, it was reported that low socioeconomic status was effective (Dhami et al. 2021). Although malnutrition in children is less common in developed countries, it can still be a problem in Turkey, especially in low-income regions. The increase in childhood obesity in Turkey can also affect malnutrition rates (Deleş 2019). According to the Turkey Nutrition and Health Survey (2019), an overweight rate of around 8% was found in children aged 0–5. According to the Turkish Statistical Institute (2019) and the Turkey Nutrition and Health Survey (2019), vitamin D deficiency affects 40% of children nationwide, while iron deficiency is observed in 20-30% of children in the 0-5 age group. The process of starting complementary feeding in Turkey requires accurate data and resources for families to make this transition in a healthy and safe manner. However, TUIK and other national data may be insufficient to provide direct information, especially regarding complementary feeding. In addition, there are many obstacles to families' access to accurate information, such as lack of digital literacy, access problems in rural areas and general education deficiencies. It is very important for families to be guided correctly during this process and to be guided by local health institutions when necessary. Based on this rationale, this study was conducted to examine the transition behaviours of mothers during the transition to complementary feeding. For this purpose, the following questions were sought to be answered.

- What is the transition behaviour of mothers considering complementary feeding?
- Is the transition to complementary feeding behaviour of mothers considering switching to complementary feeding affected by sociodemographic characteristics?

2 | Material Method

The cross-sectional study was conducted between February and March 2024. STROBE notification was complied with during the study.

2.1 | Sample of the Study

In the sample, mothers were included in the study using the snowball method, one of the nonprobability-based sampling methods. The population of the study consisted of mothers and their babies who were preparing to switch to complementary feeding. The sample size was calculated as 321 women using the sample calculation method (r correlation = 0.12) according to Bozkurt et al. (2021). The link was left active for 30 days and the study was completed with the participation of 721 mothers.

$$n = \left[\frac{Z_\alpha + Z_\beta}{c}\right]^2$$

$$c = 0.5 * Ln\left[(1+r)/(1-r)\right]$$

2.1.1 | Sample Selection Criteria

Mothers and their babies who were healthy, singleton, term, born weighing 2500–4000 g, who were placed with the mother after birth, who had the first living baby, who did not have a known metabolic and chronic disease in the baby, whose baby was 6 months old, who had communication tools and internet access, who had not yet started complementary feeding and who volunteered to participate in the study were included in the study.

2.1.2 | Sample Exclusion Criteria

Babies were excluded from the study if they had a known chronic disease, if their mothers had communication problems or if they were conceived through IVF.

2.2 | Data Collection Tools and Methodology

Internet-based survey technique, one of the electronic survey types, was used to collect the data. Data collection tools were created by one of the researchers (F.Ş.B.) through 'Google

forms'. The link to the study was shared in WhatsApp and Telegram groups on social media platforms. On the first page of the forms, there were items including sample selection criteria. Participants who were not eligible for sample selection could not proceed to the next page. The information was prepared based on the participants' statements. The prepared forms were sent to the mothers digitally through the links created by the researchers. Women who met the inclusion criteria at the beginning of the study were informed about the content and purpose of the study with a short text before the online survey. A voluntary consent form was obtained online from those who volunteered to participate in the study. After consent was obtained, participants were able to view the questions. Forms were left active for 30 days. Mothers completed a two-part questionnaire including demographic and Transition to Complementary Feeding Behaviors Scale (TCFBS). The data collection form and TCFBS were used to obtain the data. The forms were deemed incomplete without approving the send answers option on the last page of the link created for the study in Google Forms, and these participants were withdrawn.

2.2.1 | Data Collection Form

The form, which was created by the researchers by reviewing the literature (Arslan and Kürtüncü 2022; Gümüştakım et al. 2017), consists of 15 questions about sociodemographic and infant-related characteristics.

In the study, TCFBS was used to measure mothers' behaviours towards complementary feeding. The scale developed by Arslan and Kürtüncü (2022) consists of five subdimensions and 28 items. The scale consists of five subdimensions: positive feeding time, willingness to feed, negative feeding time, unwillingness to feed and refusal to feed. The reverse scored items in the scale are 2, 5, 9, 10, 10, 11, 12, 13, 18, 19, 20, 21, 22, 23, 24, 25 and 26. The scale is a suitable form for parents with babies aged 6–24 months. The scale was developed to determine the psychosocial behaviours experienced by babies transitioning to complementary feeding. The high score obtained from each subdimension of the scale indicates that the individual has the characteristic evaluated by the relevant subdimension. When scoring the scale, the average of the subdimensions and the total score are taken. The lowest score to be obtained from the scale is 28 points and the highest score is 140 points. The Cronbach's alpha value was 0.946 in the validity and reliability study of the scale, whereas it was 0.897 in this study.

2.3 | Statistical Methods

The data obtained at the end of the study were evaluated using parametric and nonparametric descriptive statistical analyses in SPSS 26.0 package program. Data were obtained from descriptive statistics; the conformity of the number, percentage, mean and standard deviation of numerical variables to normal distribution was evaluated using the Kolmogorov–Smirnov test. In addition to descriptive statistical methods (number, frequency, mean, standard deviation, minimum–maximum), independent *t* test was used for paired group comparisons, and ANOVA test was used for more than two group comparisons. Pearson correlation analysis was used to define the strength and direction of the linear relationship between variables. Multiple linear regression analysis was used to estimate the effect of gender and maternal education on the transition behaviour of mothers to complementary feeding. Statistical significance level $p < 0.05$ was accepted.

2.4 | Ethical Considerations

In this study, scientific and universal ethical principles were followed. Ethical approval was obtained before the data collection process (Date: 27.02.2024, No: 043). Permission was obtained from the authors responsible for the scale. During the data collection process through the online survey, the necessary information about the study was given on the first page, and if they agreed to participate in the research, they were asked to mark the phrase 'I agree to participate in the research'. It was stated that the mothers' participation in the research was voluntary. Mothers who filled out the form online were considered to have agreed to participate in the research. It was stated that no fee will be charged and/or charged from mothers within the scope of the research.

3 | Results

The mean age of the mothers included in the study was 27.58 ± 3.87 and that of the fathers was 30.35 ± 4.00. The gestational week at birth was 38.74 ± 1.07, birth weight was 3219.00 ± 365.11, birth length was 50.45 ± 2.00 and current weight was 7534.00 ± 2120.00. It was found that 44.1% of the mothers and 42.4% of the fathers were university graduates. It was determined that 59.4% of the mothers who participated in the study perceived their income status as moderate. The gender of the babies was found to be 50.63% girls. The TCFBS total score of the mothers included in the study was 92.01 ± 15.18 positive feeding time 22.95 ± 5.96, willingness to feed 14.00 ± 3.96, negative feeding time 22.24 ± 4.25, reluctance to feed 21.78 ± 3.98 and refusal to feed 11.01 ± 2.29 (Table 1).

There was a statistically significant difference between the education and income status of the mothers participating in the study and the gender of the infant and TCFBS total score. There was a statistically significant difference between income status and positive feeding time behaviour subdimension ($p < 0.05$; Table 2).

There was a strong positive correlation between maternal age and TCFBS, negative feeding time and total score of feeding aversion and refusal to feed. There was a negative correlation between the infant's weight at birth and current weight and age at birth and negative feeding time, feeding reluctance and refusal to feed total score ($p < 0.05$; Table 3).

The factors affecting the transition behaviour of mothers to complementary feeding were examined by multiple regression analysis. When Table 4 is analysed, it is seen that the regression model is significant ($F = 11.8111$ and $p = 0.000$). The table below also shows the rate of complementary feeding transition

TABLE 1 | Distribution of sociodemographic characteristics of mothers and babies ($N = 721$).

Variable	Mean ± SD*	Minimum–maximum
Mother age	27.58 ± 3.87	18.00–35.00
Father age	30.35 ± 4.00	19.00–40.00
Gestation week	38.74 ± 1.07	37.00–41.00
Baby's birth weight (g)	3219.00 ± 365.11	2500.00–4100.00
Baby's birth size (cm)	50.45 ± 2.00	45.00–58.00
Baby's current weight (g)	7534.00 ± 2120.00	5410.00–9180.00
TCFBS total score	92.01 ± 15.18	41.00–140.00
Factor 1	22.95 ± 5.96	8.00–40.00
Factor 2	14.00 ± 3.96	6.00–25.00
Factor 3	22.24 ± 4.25	6.00–30.00
Factor 4	21.78 ± 3.98	7.00–30.00
Factor 5	11.01 ± 2.29	3.00–15.00
	n	**%**
Mother education status		
Basic school	144	20.0
High school	259	35.9
University and above	318	44.1
Father education status		
Basic school	132	18.3
High School	283	39.3
University and above	306	42.4
Revenue status		
Less	69	9.6
Middle	428	59.4
High	224	31.1
Family type		
Nucleus	653	90.6
Extended	68	9.4
Sex of the baby		
Girl	365	50.63
Boy	356	49.37

Note: *SD: standard deviation, TCFBS: Transition to Complementary Feeding Behaviours Scale; Factor 1: Positive Feeding Time Sub-Dimension Total Score; Factor 2: Willingness to Feed Sub-Dimension Total Score; Factor 3: Negative Feeding Time Sub-Dimension Total Score; Factor 4: Reluctance to Feed Sub-Dimension Total Score; Factor 5: Feeding Refusal Sub-Dimension Total Score.

behaviour explained by gender and maternal education variables. Accordingly, it is possible to explain approximately 46.4% of the complementary feeding behaviour variable in dependent mothers with the relevant regression model. In addition, the Durbin–Watson test statistic was calculated as 1.758, and the VIF value was calculated as 1.018. These values indicate the appropriateness of the model. Accordingly, it is statistically possible to explain the dependent variable of mothers' transition behaviour to complementary feeding with at least one of the fixed and independent variables. When the table is examined, the coefficients of the constant term, the sex of the baby and the mother's education variables were found statistically significant at the 0.05 significance level. In the study, the effect of income status on the mother's transition behaviour to complementary feeding was also examined, but because they were not statistically significant, they were excluded from the model (Table 4).

TABLE 2 | Comparison of TCFBS* and its subscales with the distribution of sociodemographic characteristics of mothers and babies ($N = 721$).

Variable	TCFBS total score	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Mother education status						
Basic school	91.12 ± 16.12	23.29 ± 6.19	14.37 ± 4.04	21.36 ± 4.39	21.37 ± 4.51	10.71 ± 2.28
High school	91.95 ± 16.05	22.85 ± 6.01	14.08 ± 4.03	22.28 ± 4.46	21.71 ± 4.10	11.01 ± 2.39
University and above	93.46 ± 13.93	22.90 ± 5.83	13.77 ± 3.87	22.60 ± 3.93	22.02 ± 3.60	11.15 ± 2.19
F	3.951	0.263	1.174	0.360	1.309	1.711
p	***0.020***	0.769	0.310	0.698	0.271	0.181
Father education status						
Basic school	92.29 ± 16.22	23.18 ± 6.20	14.27 ± 4.15	22.04 ± 4.33	21.85 ± 4.20	10.92 ± 2.23
High School	91.47 ± 15.55	22.86 ± 5.75	14.28 ± 3.89	21.85 ± 4.36	21.52 ± 4.15	10.94 ± 2.33
University and above	92.33 ± 14.42	22.92 ± 6.04	13.65 ± 3.93	22.66 ± 4.09	21.97 ± 3.73	11.11 ± 2.28
F	0.256	0.139	2.198	2.760	0.939	0.547
p	0.774	0.870	0.112	0.064	0.392	0.579
Revenue status						
Less	91.21 ± 14.53	24.43 ± 6.72	14.88 ± 4.60	22.91 ± 4.04	22.42 ± 4.30	11.28 ± 2.30
Middle	92.54 ± 15.62	22.56 ± 5.64	13.82 ± 3.80	22.06 ± 4.25	21.71 ± 3.99	10.93 ± 2.31
High	96 ± 94 ± 17.14	23.25 ± 6.25	14.08 ± 4.04	22.39 ± 4.35	21.70 ± 3.85	11.09 ± 2.25
F	4.211	3.338	2.181	1.377	0.966	0.873
p	***0.021***	***0.036***	0.114	0.253	0.381	0.418
Family type						
Nucleus	92.11 ± 14.96	22.99 ± 5.98	14.01 ± 3.95	22.30 ± 4.16	21.81 ± 3.90	10.99 ± 2.26
Extended	91.10 ± 17.28	22.63 ± 5.83	13.95 ± 4.09	21.75 ± 4.99	21.48 ± 4.65	11.27 ± 2.56
*t**	0.546	0.473	0.108	1.018	0.655	−0.982
p	0.780	0.750	0.914	0.309	0.513	0.326
Sex of baby						
Girl	93.21 ± 14.96	22.10 ± 6.18	15.10 ± 4.45	22.87 ± 4.77	22.51 ± 4.01	11.22 ± 2.33
Boy	90.70 ± 16.28	21.53 ± 5.99	14.01 ± 4.11	22.01 ± 4.23	21.54 ± 4.26	10.77 ± 2.67
*t**	4.767	0.566	0.133	0.996	0.701	0.898
p	***0.011***	0.670	0.884	0.410	0.466	0.421

Note: *SD: standard deviation, TCFBS: Transition to Complementary Feeding Behaviors Scale Factor 1: Positive Feeding Time Sub-Dimension Total Score; Factor 2: Willingness to Feed Sub-Dimension Total Score; Factor 3: Negative Feeding Time Sub-Dimension Total Score; Factor 4: Reluctance to Feed Sub-Dimension Total Score; Factor 5: Feeding Refusal Sub-Dimension Total Score; *F*: ANOVA: *t*: independent samples *t*-test.

4 | Discussion

In this study, it was aimed to examine the transition to complementary feeding behaviours in mothers with 6-month-old babies who were in the process of transition to complementary feeding. As a result of the study, complementary feeding transition behaviour of mothers who are in the process of transition to complementary feeding is positive behaviour with average values. It was found that the complementary feeding behaviours of mothers were affected by the gender of the baby and education, and the transition to complementary feeding behaviours of mothers with female babies and university graduates were positive. It can be said that mothers need midwife and nurse care and counselling in this period.

Adequate and balanced nutrition is essential to promote optimal child growth and a long and healthy life (Caroli et al. 2022). In this study, it was observed that the mothers' complementary feeding transition behaviours were average, and although they were closer to positive behaviours, the values were not at the desired level. In a meta-analysis study, it was reported that negative complementary feeding transition behaviours, forcing and suppressive behaviours increased the risk of obesity in babies (Bergamini et al. 2022). In a consensus

TABLE 3 | The relationship between continuous variables of mothers and babies and TCFBS* and its subdimensions ($N = 721$).

Variables	r/p	TCFBS total score	Factor 1*	Factor 2	Factor 3	Factor 4	Factor 5
Mother age	*r*	0.785**	0.245**	0.061	0.719**	0.708**	0.699**
	p	***0.000***	***0.000***	0.101	***0.000***	***0.000***	***0.000***
Father age	*r*	0.655**	0.532**	0.059	0.704**	−0.005	−0.022
	p	***0.000***	***0.000***	0.113	***0.000***	0.902	0.902
Baby's birth weight (g)	*r*	0.061	0.059	0.601**	0.251**	0.783**	0.727**
	p	0.101	0.113	0.000	0.000	0.000	0.000
Baby's birth weight (g)	*r*	−0.014	0.006	0.251**	−0.707**	−0.301**	−0.299**
	p	0.699	0.869	***0.000***	***0.000***	***0.000***	***0.000***
Gestation week	*r*	−0.295**	−0.005	0.245**	−0.129**	−0.711**	−0.703**
	p	***0.000***	0.902	***0.000***	***0.001***	***0.000***	***0.000***
The baby's current weight	*r*	−0.395**	−0.113	0.298**	−0.177**	−0.701**	−0.710**
	p	***0.000***	0.902	***0.000***	***0.001***	***0.000***	***0.000***

Note: *Pearson correlation test; TCFBS: Transition to Complementary Feeding Behaviors Scale Factor 1: Positive Feeding Time Sub-Dimension Total Score; Factor 2: Willingness to Feed Sub-Dimension Total Score; Factor 3: Negative Feeding Time Sub-Dimension Total Score; Factor 4: Reluctance to Feed Sub-Dimension Total Score; Factor 5: Feeding Refusal Sub-Dimension Total Score. Bold and italicized values indicate statistical significance ($p < 0.05$).

TABLE 4 | The effect of gender factor on transition behaviour to complementary feeding in mothers.

Modal		Nonstandardized coefficients		Standardized coefficients			Correlations			VIF value
		B	Std. error	Beta	*t*	*p*	Zero-order	Partial	Part	
	Constant term	50.062	1.670	—	9.324	0.000	—	—	—	—
1	Gender	2.456	0.675	0.275	3.741	0.002	0.296	0.238	0.252	1.018
	Mother education status	−2.256	1.335	−0.182	−2.786	0.020	−0.244	−0.188	−0.178	1.036

Note: ANOVA test of regression (F) = 11.811, $p = 0.000$. $R^2 = 0.464$.

report, recommendations on complementary feeding were given, and it was reported that negative behaviours such as restrictive, coercive and oppressive behaviours related to complementary feeding may adversely affect children's growth and development processes with low evidence quality and a panel consensus rate of 88.9%. In addition, it is recommended that responsive feeding, which is defined as positive feeding in relation to complementary feeding, should be encouraged from the first months of a child's life and then strengthened (Caroli et al. 2022). The findings of the study are similar to the literature. Improving complementary feeding behaviours of mothers will directly affect child health.

Economic and sociodemographic characteristics may influence access to and behaviour towards complementary foods (Padhani et al. 2023; Rousham et al. 2022). In this study, it was found that as the age of the father and mother increased, the behaviour of transition to complementary feeding also increased. In addition, it was observed that complementary feeding behaviours increased in those with higher income status. Studies have reported that obesity and unhealthy growth development results in countries with low-income levels (Caroli et al. 2022; Csölle et al. 2022; Padhani et al. 2023; Rousham et al. 2022). In a meta-analysis of 10-year studies in Ethiopia, income and occupational status were reported to affect the time of transition to complementary feeding and behaviours during this period (Habtewold et al. 2019). A pooled analysis of population-based surveys on nutrition of babies aged 0–23 months between 2003 and 2017 in Ghana reported that low maternal age negatively affects child nutrition (Mohammed et al. 2022). In a study conducted in Turkey, it was reported that there was no statistically significant difference between the education and income level of mothers and the time of transition to complementary feeding (İlktaç, Güldemir, and Garipağaoğlu 2023). Except for the findings of İlktaç, Güldemir, and Garipağaoğlu (2023), the findings of the

study are in parallel with the other literature. Although this suggests that sociodemographic and economic characteristics may affect children's complementary feeding processes, more studies with different variables are needed in this regard.

Lack of knowledge and misconceptions are the main reasons why mothers start complementary feeding early. In a study, the main reasons for mothers to start complementary feeding early were the thought that the baby was not full, the thought that the baby would get used to different flavours and the thought that their milk was low (Şahin, Kaya, and Kondolot 2020). In this study, the transition behaviours of mothers to complementary feeding were affected by the gender of the infant and the educational status of the mother. It was found that transition behaviours to complementary feeding were more positive in female babies and mothers with university degrees. In a meta-analysis study, it was reported that sociodemographic characteristics of mothers were associated with unhealthy food and beverage consumption and obesity in children (Rousham et al. 2022). In an analysis study, it was reported that low educational status of mothers negatively affects nutrition in children (Mohammed et al. 2022). Similarly, in a meta-analysis study, higher education level was reported to increase positive dietary behaviours (Habtewold et al. 2019). In meta-analysis studies, it has been reported that social change and educational intervention in mothers in the first 1000 days provides a decrease in stunting and obesity rates in the long term by providing mothers with the right behaviours related to complementary feeding (Ahishakiye et al. 2020; Rujumba et al. 2020; Mahumud et al. 2022). Literature findings show that the level of education of the mother will affect complementary feeding and the training provided by health personnel will provide positive behaviours to the mother in the process of transition to complementary feeding, which has a great impact on child health. In this direction, the findings of the study are in parallel with the literature. This study shows that the transition behaviours of mothers to complementary feeding in their babies are not at the desired level. It can be said that especially in regions with low education and income levels, mothers need education and counselling during the transition to complementary feeding. Although this study found that mothers of female babies had positive behaviours towards complementary feeding, no study examining this variable was found in the literature. It may be recommended to study in cultures where the gender factor is effective.

The limitation of this study is that it cannot be generalized because it was conducted on an online platform and only the characteristics of the sample were examined.

5 | Conclusion

In this study, complementary feeding transition behaviour of mothers who were in the process of transition to complementary feeding was at the average values of positive behaviour. However, it was observed that it was not at the desired level. In this study, it was found that as the age of the father and mother increased, the behaviour of transition to complementary feeding also increased. In addition, it was seen that complementary feeding behaviours increased in those with higher income status. It was found that the complementary feeding behaviour of mothers was affected by the gender of the baby and education, and the transition to complementary feeding behaviours of mothers with female babies and university graduates were positive. It can be said that mothers need midwife and nurse care and counselling during this period.

It is important to promote responsive feeding in children from the first months of life. It is essential to promote positive feeding practices related to complementary feeding and to prevent negative behaviours that may have negative effects on children's growth and development. Economic and sociodemographic factors that may affect access to and behaviours towards complementary foods should be taken into account. Addressing these factors can help ensure that all mothers have equal opportunities to provide the best nutrition for their children.

Author Contributions

Fatma Şule Bilgiç: conceptualization, software, validation, formal analysis, investigation, data curation, writing – original draft, writing – review and editing, visualization, supervision, project administration.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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