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Review Article

Various methods of engagement utilized by the mothers during weaning of their children: a narrative review

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ABSTRACT

Weaning is a key stage in early childhood involving the introduction of solid foods and changing feeding interactions. Maternal engagement during this period influences infants' eating behavior and nutritional outcomes. Various methods such as baby-led weaning, conventional feeding, and responsive feeding are commonly used. A narrative review was conducted using literature published between 2015 and 2026. Studies were identified from PubMed, Google scholar, and international health reports using relevant keywords. A total of 50 relevant articles including cross-sectional studies, cohort studies, randomized trials, and review articles were selected and analyzed. Mothers use different feeding methods based on their knowledge and preferences. Baby-led weaning promotes independence, conventional feeding provides control, and responsive feeding supports better eating habits. Maternal engagement plays a vital role during weaning. A balanced approach combining appropriate methods with responsive practices supports healthy growth and development.

Keywords: Weaning, Maternal engagement, Baby-led weaning, Responsive feeding, Infant feeding

INTRODUCTION

Weaning is a crucial phase in early childhood that involves the introduction of complementary foods along with gradual changes in feeding practices. Appropriate weaning practices are essential to meet the increasing nutritional demands of infants and to support optimal growth and development. Delayed or inappropriate weaning can lead to undernutrition, poor growth, and increased risk of infections, especially in low- and middle-income settings.[1-3] Weaning practices vary widely among mothers and are influenced by factors such as cultural beliefs, maternal knowledge, socioeconomic status, and access to health information. Timely initiation of complementary feeding and appropriate food choices are important for ensuring adequate nutrition during this stage.[4-6] However, differences in practices can affect the child's feeding experience and health outcomes. Along with feeding practices, maternal engagement plays a key role during the weaning period. It refers to how mothers interact with their child during feeding, including their behavior, communication, and level of involvement. These interactions influence the child's eating behavior, food acceptance, and ability to regulate intake.[7,8] Mothers use a variety of engagement methods during weaning. Some commonly observed methods include conventional spoon-feeding, where the mother actively feeds the child and controls the amount and type of food. In contrast, baby-led weaning allows the child to self-feed using finger foods, encouraging independence and exploration.[9,10] Another important method is responsive feeding, in which mothers observe and respond to the child's hunger and fullness cues, promoting a positive and supportive feeding environment.[11] In addition to

these, mothers may also use interactive engagement methods such as talking to the child during feeding, encouraging the child to try new foods, and creating a calm and distraction-free environment. Some mothers adopt structured feeding routines, where meals are given at fixed times to establish regular eating patterns. However, certain practices like force-feeding, pressuring, or distracting the child (e.g., using mobile phones or toys) are considered non-responsive engagement methods, which may negatively affect the child's eating behaviour and lead to feeding difficulties.[12]

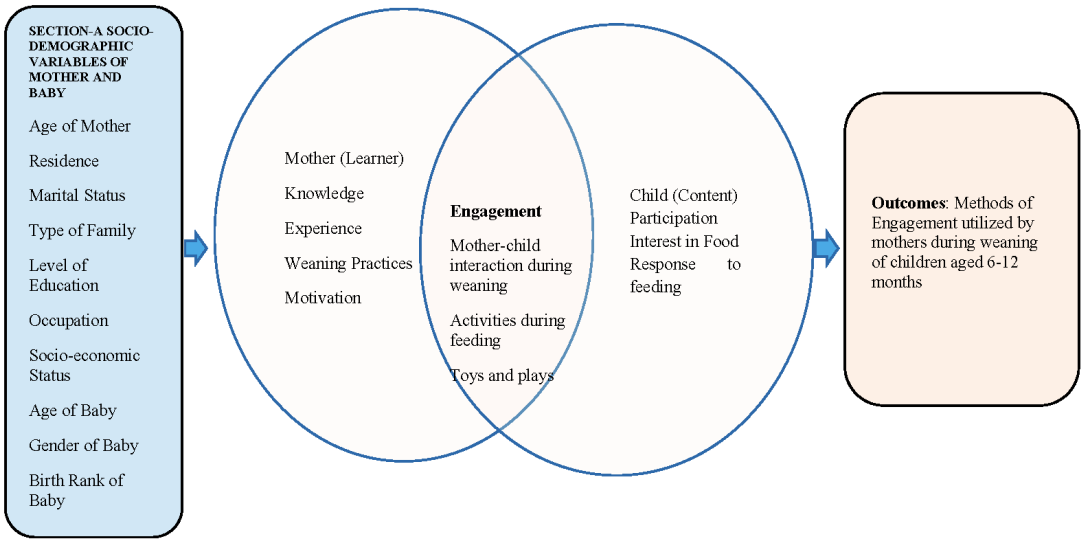

Figure 1: Conceptual framework of based on engagement theory.

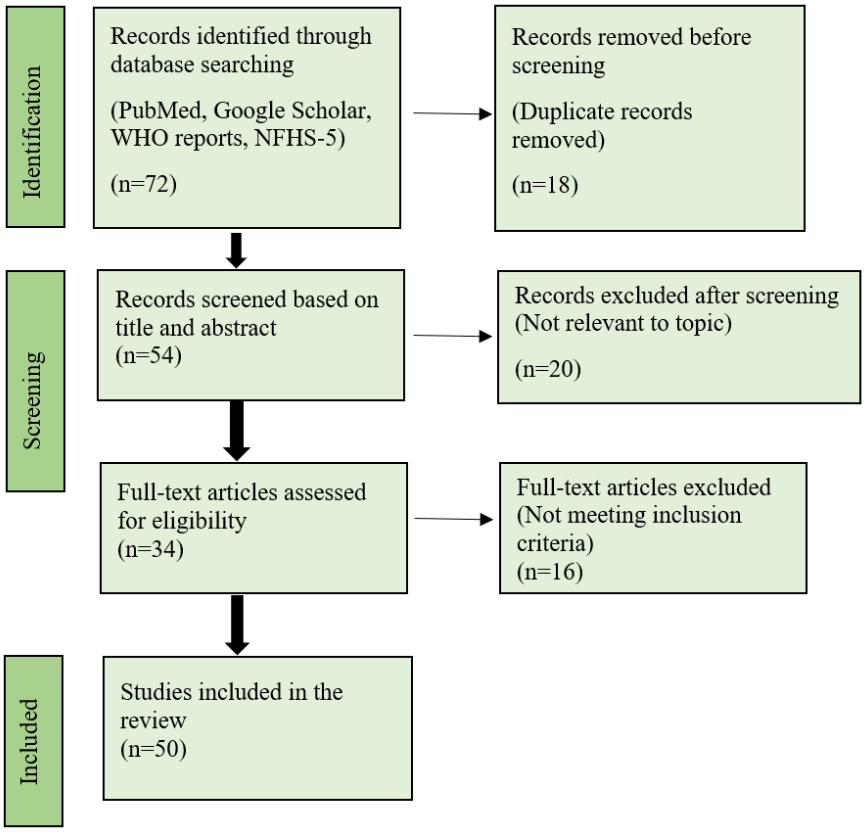

Figure 2: Schematic representation of search strategy for literature review.

Research suggests that positive engagement methods, including responsive and interactive feeding, are associated with better food acceptance, improved dietary intake, and healthy growth patterns.[13,14] On the other hand, inappropriate engagement practices can contribute to poor eating habits and nutritional problems.

Maternal engagement and weaning practices are closely interconnected, as both the type of food introduced and the way it is offered together shape the child's feeding experience. Psychological factors such as maternal anxiety during the introduction of new foods may further influence engagement methods and feeding decisions.[15] Therefore, understanding different weaning practices and maternal engagement methods is essential for promoting effective feeding strategies. Improving maternal awareness and encouraging appropriate engagement can significantly contribute to the better nutritional and the developmental outcomes in children.[16,17]

Objectives

This review aims to examine the different weaning practices adopted by mothers during the transition to complementary feeding. It also aims to analyze the various maternal engagement methods used during weaning and their influence on infants' feeding behavior and nutritional outcomes.

METHODS

A structured search of electronic databases, including PubMed, Google scholar, WHO reports, and NFHS-5, was conducted to identify relevant studies on weaning practices and maternal engagement methods. A total of 72 records were initially identified.

After removing 18 duplicate records, 54 studies were screened based on their titles and abstracts. Among these, 20 studies were excluded due to lack of relevance to the topic. The remaining 34 full-text articles were assessed for eligibility. Out of these, 16 articles were excluded as they did not meet the inclusion criteria. Finally, a total of 50 studies were included in the review.

Overview of weaning practices

Weaning is an important stage in early childhood in which infants are gradually introduced to solid and semi-solid foods along with continued milk feeding. This transition usually begins around six months of age, when breast milk alone is no longer sufficient to meet the increasing nutritional requirements of the growing child. Timely initiation of weaning is essential, as it ensures that the child receives adequate energy, protein, and micronutrients needed for proper growth and development.[1,2] The process of weaning is not limited to the introduction of new foods but also involves the development of feeding skills, taste preferences, and eating behavior. During this period, infants learn to accept different food textures, flavors, and feeding patterns. Proper weaning practices help in improving chewing and swallowing abilities and also support the development of healthy eating habits from an early age.[18]

Weaning practices may vary widely among mothers due to differences in cultural beliefs, level of education, socioeconomic status, and awareness regarding infant nutrition. In some cases, mothers introduce complementary foods earlier than recommended, while others delay the process due to fear, lack of knowledge, or traditional practices. Early weaning may increase the risk of infections and digestive problems, whereas delayed weaning can lead to nutritional deficiencies and poor growth outcomes in children.[18] In addition, the type of food introduced and the method of feeding also play an important role in determining the child's nutritional status. Balanced and age-appropriate complementary foods are necessary to meet the child's dietary needs. At the same time, the feeding environment and caregiver interaction influence how well the child accepts food and develops eating patterns.[1] Therefore, appropriate weaning practices, including correct timing, suitable food choices, and supportive feeding approaches, are essential for ensuring optimal physical growth, cognitive development, and long-term health of the child.[2]

TYPES OF WEANING PRACTICES

Different types of weaning practices are followed by mothers depending on their knowledge, cultural background, and convenience. The main types include:

Conventional weaning

Conventional weaning is the most commonly practiced method in which the mother feeds the child using a spoon, usually starting with mashed or pureed foods. In this approach, the mother has control over the type and quantity of food given to the child, which helps in ensuring adequate nutritional intake, especially during the early stages of weaning. However, as the feeding process is mainly controlled by the caregiver, it may limit the child's opportunity to develop independence and explore food on their own.[9,10]

Baby-led weaning

Baby-led weaning is an alternative approach in which the infant is encouraged to self-feed using soft finger foods instead of being spoon-fed. In this method, the child actively participates in feeding, eats at their own pace, and decides the amount of food to consume. This approach supports the development of motor skills and promotes independence, but it requires careful food selection to ensure that the child receives adequate nutrients, particularly iron.[9,19]

Mixed weaning approach

The mixed weaning approach combines elements of both conventional and baby-led weaning. Mothers may use spoon-feeding for certain foods while also allowing the child to self-feed in other situations. This approach provides a balance between maintaining nutritional control and encouraging the child's independence. It is often preferred as it is flexible and can be adapted according to the child's needs and family practices.[20]

Maternal engagement during weaning

Maternal engagement during weaning refers to the way a mother interacts with her child while introducing complementary foods. It is not only about feeding the child but also about how the mother responds to the child's needs, encourages eating, and creates a positive feeding environment. During the weaning period, children are learning new tastes, textures, and feeding patterns, and the mother's involvement plays a key role in making this transition smooth and comfortable for the child.[7,8]

Engagement can be seen in simple day-to-day behaviors such as talking to the child during feeding, observing the child's hunger and fullness cues, and patiently encouraging the child to try new foods. When mothers are attentive and responsive, children tend to feel more secure and are more willing to accept different types of foods. This helps in developing healthy eating habits from an early age.[11]

On the other hand, lack of proper engagement may create difficulties during feeding. If the mother is not responsive or forces the child to eat, the child may develop resistance towards food, leading to poor appetite and negative eating behavior. Feeding is not just a physical activity but also an emotional interaction between the mother and the child, which influences the child's overall development.[8] Maternal engagement is also influenced by various factors such as the mother's knowledge, cultural practices, time availability, and emotional state. For example, mothers who are anxious or stressed during the introduction of new foods may unintentionally affect the child's feeding experience. Similarly, traditional beliefs and lack of awareness can influence how mothers interact with their children during feeding.[15]

Therefore, effective maternal engagement during weaning is essential for ensuring that the child not only receives adequate nutrition but also develops positive eating behaviors and feeding skills. A supportive and responsive approach can make the weaning process easier and more successful for both the mother and the child.[7]

METHODS OF MATERNAL ENGAGEMENT

Maternal engagement during weaning can be understood through different methods that mothers use while feeding their children. These methods reflect how a mother responds to the child, guides feeding, and creates a feeding environment. The type of engagement used can directly influence the child's eating behavior and acceptance of food.

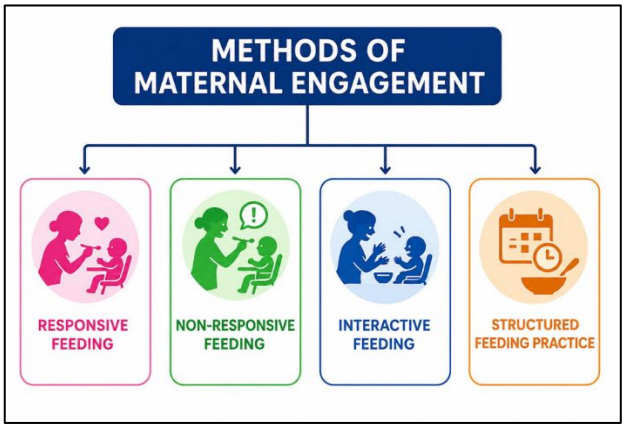

Figure 3: Methods of engagement.

Responsive feeding is one of the most effective methods of maternal engagement. In this approach, the mother carefully observes the child's hunger and fullness cues and responds accordingly. She feeds the child when hungry and stops when the child is satisfied. This method helps the child develop self-regulation and makes feeding a comfortable experience. As a result, children are more likely to accept food and develop healthy eating habits.[11] Non-responsive feeding includes practices where the mother does not respond appropriately to the child's needs. This may involve force-feeding, pressuring the child, or ignoring hunger and satiety signals. Some mothers may also use distractions such as mobile phones or television to make the child eat. These practices can negatively affect eating behavior and may lead to feeding problems over time.[12] Interactive engagement involves active communication and involvement of the mother during feeding. This includes talking to the child, encouraging them, and maintaining eye contact. Such interaction creates a positive feeding environment and helps the child feel comfortable while trying new foods. It also improves food acceptance and strengthens the mother–child bond.[13,14]

Structured feeding refers to maintaining a regular feeding schedule, such as fixed meal times and consistent routines. This helps in developing regular eating patterns and improves appetite regulation. However, it is important to maintain flexibility and consider the child's needs while following a routine. Overall, the method of maternal engagement plays an important role in shaping the child's feeding experience. Supportive and responsive methods are generally more beneficial for promoting healthy eating behavior and proper growth. Weaning practices and maternal engagement during feeding are not the same for every mother. They are influenced by several factors that affect how and when mothers

introduce foods and interact with their children during feeding. Understanding these factors is important because they directly impact the child's nutrition and feeding behavior. A mother's knowledge about infant feeding plays a major role in deciding weaning practices. Mothers who are well-informed about the correct time and methods of feeding are more likely to follow appropriate practices. On the other hand, lack of knowledge may lead to early or delayed weaning and improper feeding techniques.[4-6]

Cultural practices and family traditions strongly influence feeding decisions. In many communities, certain foods are introduced based on traditional beliefs rather than scientific recommendations. These practices can sometimes affect the quality and timing of weaning.[5] The financial condition of the family affects the type and quality of food provided to the child. Limited resources may restrict access to nutritious foods, while better economic conditions may support a more balanced diet. It also influences access to healthcare information and guidance. The emotional state of the mother, such as stress or anxiety, can influence feeding behavior. Mothers who feel anxious during the introduction of new foods may become overprotective or forceful, which can affect the child's feeding experience.[15]

Family members, especially elders, often guide feeding practices. Their advice and beliefs can shape how mothers feed their children. In addition, the home environment, including time availability and support, also affects maternal engagement. Overall, these factors play an important role in shaping both weaning practices and maternal engagement. Addressing these influences can help improve feeding practices and ensure better health outcomes for children. Weaning practices and maternal engagement together play an important role in shaping the overall health and development of infants. The way food is introduced and the manner in which mothers interact with their children during feeding can directly influence the child's eating behavior, nutritional status, and growth.

One of the major outcomes is the development of eating behavior. Children who experience responsive and supportive feeding are more likely to accept a variety of foods and develop healthy eating habits. They also learn to regulate their hunger and fullness, which is important for maintaining a balanced diet. In contrast, non-responsive feeding practices may lead to food refusal, picky eating, or overeating.[16,17] Another important aspect is the nutritional status of the child. Appropriate weaning practices ensure that the child receives sufficient nutrients required for growth. Methods that involve balanced food choices and proper feeding techniques help prevent both undernutrition and over nutrition. On the other hand, inappropriate practices may result in nutrient deficiencies and poor health outcomes.[21] The child's self-regulation ability is also influenced by maternal engagement. When mothers follow responsive feeding, children learn to understand their own hunger and fullness cues. This helps in developing long-term healthy eating patterns and reduces the risk of obesity and eating disorders later in life.[11]

CHALLENGES AND GAPS

Lack of knowledge and awareness among mothers regarding appropriate weaning and complementary feeding practices remains a significant challenge. In addition, cultural beliefs and traditional practices often influence feeding decisions, sometimes taking precedence over evidence-based recommendations.

The widespread use of non-responsive feeding methods, such as force-feeding and the use of distractions during meals, may further compromise healthy feeding behaviours. Socioeconomic constraints also limit access to nutritious foods and appropriate nutrition guidance, while inadequate health education programs and the limited availability of practical research, particularly in rural areas, hinder the adoption of optimal infant feeding practices. Collectively, these gaps contribute to preventable health complications among infants.

CONCLUSION

This review highlights that both weaning practices and maternal engagement play an important role in a child's growth and eating behavior. Proper weaning at the right time helps in meeting the nutritional needs of the child and supports healthy physical development. At the same time, the way mothers interact with their children during feeding influences how well the child accepts food and develops eating habits. Positive engagement methods, such as responsive and interactive feeding, create a comfortable feeding environment and help children develop better self-regulation. On the other hand, inappropriate practices may lead to feeding difficulties and poor nutritional outcomes. Therefore, a balanced approach that combines suitable weaning practices with supportive maternal engagement is essential for promoting healthy growth and overall development in children.

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REFERENCES

1. WHO. Complementary feeding. WHO Fact Sheet, 2025. Available at: https://www.who.int/health-

topics/complementary-feeding?. Accessed on 05 April 2026.
2. WHO. Infant and young child feeding: fact sheet. WHO, 2023. Available at: https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding?. Accessed on 05 April 2026.
3. Gupta A, Dadhich JP, Suri S. How can global rates of exclusive breastfeeding for the first 6 months be enhanced?. Breastfeed Med. 2019;14(6):421-4.
4. Kegne T, Alemu YM, Wassie GT. Timely initiation of complementary feeding and associated factors among mothers having children aged 6 to 24 months in North-West Ethiopia. BMC Pediatr. 2024;24:428.
5. Jeyakumar A, Babar P, Menon P, Nair R, Jungari S, Medhekar A, et al. Determinants of complementary feeding practices among children aged 6–24 months in urban slums of Pune, Maharashtra, in India. J Health Popul Nutr. 2023;42(1):4.
6. Rao S, Swathi PM, Unnikrishnan B, Hegde A. Study of complementary feeding practices among mothers of children aged six months to two years. Indian J Community Med. 2021;36(3):204-7.
7. Bentley ME, Wasser HM, Creed-Kanashiro HM. Responsive feeding and child undernutrition in low- and middle-income countries. J Nutr. 2016;141(3):502-7.
8. Black MM, Aboud FE. Responsive feeding is embedded in a theoretical framework of responsive parenting. J Nutr. 2016;141(3):490-4.
9. Matzeller KL, Krebs NF, Tang M. Current evidence on nutrient intakes and infant growth: a narrative review of baby-led weaning vs conventional weaning. Nutrients. 2024;16(17):2828.
10. Boswell N. Complementary feeding methods—a review of the benefits and risks. Int J Environ Res Public Health. 2021;18(13):7165.
11. Pérez-Escamilla R, Segura-Pérez S, Hall Moran V. Maternal responsive feeding practices and child self-regulation of energy intake. Nutrients. 2020;12(4):1020.
12. Lindsay AC, Sitthisongkram S, Greaney ML, Wallington SF, Ruengdej P. Non-responsive feeding practices and child eating behaviors in low-income families. Public Health Nutr. 2017;20(3):509-17.
13. Mallan KM, Daniels LA, Nicholson JM. Maternal feeding practices and child eating behavior: a longitudinal study. Appetite. 2018;95:274-81.
14. Wood AC, Blissett JM, Brunstrom JM, Carnell S, Faith MS, Fisher JO, et al. Caregiver influences on eating behavior in young children. J Am Diet Assoc. 2019;119(4):632-40.
15. Tabangi M, Abdo R, Karaman MA, Barake R, Nakhl S. Maternal anxiety during solid food introduction: insights from a comparative feeding practices study. BMC Pregnancy Childbirth. 2025;25(1):723.
16. Mosli RH, Kutbi HA. The association of early feeding practices with eating behaviors and maternal indulgent feeding behaviors among Saudi preschoolers. Front Psychol. 2023;14:1126687.
17. Spill MK, Callahan EH, Shapiro MJ, Spahn JM, Wong YP, Benjamin-Neelon SE, et al. Caregiver feeding practices and child weight outcomes: a systematic review. Am J Clin Nutr. 2019;109(1):990S-1002.
18. White JM, Bégin F, Kumapley R, Murray C, Krasevec J. Complementary feeding practices: current global and regional estimates. Matern Child Nutr. 2017;13(S2):e12505.
19. Rowan H, Lee M, Brown A. Differences in dietary composition between infants following baby-led and traditional weaning. J Hum Nutr Diet. 2018;31(3):330-8.
20. Morison BJ, Taylor RW, Haszard JJ, Schramm CJ, Erickson LW, Fangupo LJ, et al. How different are baby-led weaning and conventional complementary feeding?. BMC Pediatr. 2018;16:179.
21. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, De Onis M, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet. 2016;382(9890):427-51.

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