Variables Variables	Frequency (n = 400)	Percentage
Breastfeeding*		
Time for breastfeeding initiation	226	56.5
eeding frequency	277	69.3
mportance of early breastfeeding for continuity and amount of breast milk	68	17.0
igns of baby satiety	183	45.8
Cnowledge of colostrum	128	32.0
a. First form of breast milk	103	25.8
b. Present in the first (0-4) days after birth	113	28.3
c. Thicker and more yellow than breast milk	115	28.8
d. Nutrient-dense	121	30.3
e. High antibody content	117	29.3
Inowledge of exclusive breastfeeding	117	29.3
a. Giving only breast milk except for medication and vitamins	136	34.0
b. No water	90	22.5
c. No food	84	21.0
d. No formula	116	29.0
e. Applies to the first 6 months of infancy	88	22.0
Empty breast and shift to the other breast	62	15.5
Baby-holding position	292	73.0
Cnowledge of breast pump	195	48.8
Itility of breast pump	25	6.3
Cnowledge levels		
a. Poor	258	64.5
b. Satisfactory	100	25.0
c. Good	42	10.5
'ormula feeding"		
lumber of bottles to be owned	38	9.5
Type of milk	399	99.8
roportion of water to milk	322	80.5
Correct source of water	400	100
Baby-holding position	292	73.0
Reason for baby holding position	287	71.8
Cnowledge level		
a. Poor	43	10.8
b. Satisfactory	148	37.0
c. Good	209	52.2
Complementary feeding		
Cnowledge on weaning	247	61.8
Correct age for weaning	265	66.3
Cnowledge of complementary feeding	331	82.8
orrect age for complementary feeding introduction	248	62.0
equence of the introduction of food types	101	25.3
Method used to prepare baby meals	117	29.3
Quantity of food (expect the amount that your baby will eat)	177	443
ood additives (sugar, salt, flavour, others)	104	26.0
Dil introduction	m	27.8
Honey introduction	155	38.8

Table 2. concluded		
Variables	Frequency (n = 400)	Percentage
Knowledge level		
a. Poor	280	70.0
b. Satisfactory	29	7-3
c. Good	91	22.7
Water and supplements		
Timing for water intake	167	41.8
Age for water introduction	169	42.3
Why not earlier	169	42.0
Knowledge of recommended supplements or vitamins	54	13.5
Difference between breast and bottle feeding	46	11.5
Knowledge level		
a. Poor	231	57-7
b. Satisfactory	120	30.0
c. Good	49	12.3
Food allergy*		
Knowledge of food allergies (including milk)	225	56.3
a. Skin rash	224	56.0
b. Digestive problems (vomiting, diarrhoea or colic)	37	9.25
c. Respiratory problems (dyspnoea or wheezy chest)	20	5.0
Methods to avoid food allergies or identify the culprit	105	26.3
Knowledge level		
a. Poor	297	74-3
b. Satisfactory	68	17.0
c. Good	35	8.7
Source of information		
Friends and family	356	89.0
Social media and the internet	97	243
Doctors and health workers	76	19.0
Books and journals	48	12.0
Conventional media	3	0.8
Friends and family * No other sources	293	73-3
Social media and the internet * No other sources	34	8.5
Doctors and health workers " No other sources	20	5.0
Conventional media * No other sources	o	0.0
Books and journals * No other sources	0	0.0

*Frequencies and percentages refer to respondents who provided correct answers. For the alphabetically numerated su percentages refer to respondents who mentioned the specific subitem in their response.

pregnancy or first delivery within 1 year. Women who did not consent to participate or whose children were on a medically prescribed diet were excluded. A sample size of 384 was estimated using the Steven Thompson equation [z 1.96, d 0.05, p (proportion of the population with good or adequate knowledge) = 0.5].

Jamovi version 2.3 was used for statistical analyses Jamovi version 2,3 was used for statistical analyses (t₂). Predictive analysis was performed using univariable and multivariable ordinal logistic regression. The dependent variable was the knowledge level per area and the independent variables were the sociodemographic variables and information sources. The multivariable models for sociodemographic predictors and information sources were built separately using a stepwise backward elimination method, to avoid overadjustment (entry threshold: P < 0.5) (13). Results were reported as crude and adjusted odds ratios (COR and AOR) with a 95% confidence interval (CI). P < 0.05 was considered statistically significant. Reference levels for non-binary sociodemographic variables were adopted from the national household survey report (1). When more than 1 reference level was present in the report, the level achieving the lowest Akaike information criterion in