

Baby-Led Weaning and Influencing Factors: a Descriptive Study

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1

What is already known on this topic?

- *The baby-led weaning model is very important in the early development of infants'/children's eating behavior.*
- *There are many factors that affect the level of parents' use of the baby-led weaning model.*

What this study adds on this topic?

- *In this study, demographic factors affecting Baby-Led Weaning Scale (BLWS) and the psychometric evaluation of BLWS were examined.*
- *The Turkish version of the BLWS is a reliable instrument.*

ABSTRACT

Objective: This study aimed to examine the demographic factors affecting baby-led weaning (BLW).

Methods: The study was of a descriptive and cross-sectional type to examine the factors affecting BLW between March and May 2024. The study population consisted of parents registered in a Family Health Center in Türkiye. Parents who gave written and verbal consent to participate in the study were included in the study (n = 137).

Results: The mean BLWS scores of mothers and fathers were 49.96 ± 6.67 and 46.71 ± 6.58 , respectively. Parents' and babies diet had a statistically significant effect on BLWS total score (Parents: $F=4.564$, $P=.035$; Babies' diet: $F=2.47$, $P=.028$). There is a positive and statistically significant relationship between BLWS score and the age, height, and weight of the child ($r=0.307$, $r=0.254$, $r=0.217$, respectively).

Conclusion: The BLW levels of both mothers and fathers are above the mean. Whether the parent is a mother or a father and the baby's diet are important determinants of BLW. The extent to which the baby sits with the family at meals, the degree of independence in eating, and the total BLW levels of the parents are affected by the age, height, and weight of the children.

Keywords: Baby-led weaning, factors affecting, scale

Introduction

Breastfeeding termination is the process of weaning the baby from breast milk.¹ Termination of breastfeeding involves the introduction of complementary foods in the child's nutrition and the gradual replacement of breastfeeding with complementary food intake.² Many factors related to the mother or baby can lead to the termination of breastfeeding. Factors related to the mother include the mother thinks that she is breastfeeding her baby sufficiently, the belief that her milk is insufficient, becoming pregnant again, falling ill, starting work, or she is tired due to the baby's frequent breastfeeding. Factors related to the baby include falling ill, losing interest in breastfeeding, reaching the age of 2, and the baby getting used to being fed with additional foods.^{2,3}

In the first years of life, infants are transitioned to complementary feeding by their parents. Transition to complementary feeding is implemented with the traditional complementary feeding model and the Baby-Led Weaning (BLW) model.⁴ The traditional complementary feeding model involves spoon-feeding pureed foods, followed by a transition to pureed, lumpy, and regular family foods at 6 to 12 months of

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age, depending on the baby's rate of development. The BLW model is a method in which parents allow their babies to feed themselves.⁵⁻⁷

In the BLW model, babies eat together with their families, selecting and consuming unmixed and lumpy foods themselves. The baby decides what, how much, and how fast to eat.⁸ BLW is a philosophical approach in which the infant is recognized as the leader in the feeding pattern.^{6,9,10}

The BLW approach is crucial in the early development of infant eating behavior, reducing conflicts at feeding times, minimizing force-feeding, and improving appetite regulation.^{6,8,10} In addition, children who are fed according to the BLW model are less prone to bad eating habits in the future, as they eat healthy meals with their families.¹¹ Adequate nutrition and the quality of the food consumed by infants in the first years of life are extremely important for the infant to acquire healthy eating habits and for physical, metabolic, and mental development.¹²

With recent studies, BLW model has taken its place in the literature as a very popular concept.^{5-7,10} The BLW model is a safe complementary feeding method that promotes chewing, improves growth, and the development of fine motor skills.⁹ However, many factors may affect the level of use of BLW method by parents.^{9,13} Determining the factors affecting BLW may help in developing strategies for healthy eating habits from an early age. For this purpose, BLW levels of parents should be assessed with valid and reliable tools. This study aimed to examine the demographic factors affecting BLW and the psychometric evaluation of the BLW Scale (BLWS).

Research Question

1. What are the individual and demographic factors affecting BLWS (Baby-Led Weaning Scale) scores?

Materials and Methods

Study Design

This research is a descriptive, cross-sectional study to examine the factors influencing BLW.

Population and Sample of the Study

The population of the study consisted of parents registered at a Family Health Center (FHC) in Türkiye who brought their babies for diagnosis, treatment, and follow-up between March and May 2024. The study was conducted with parents who applied to the FHC between the data collection dates and met the inclusion criteria. Parents with infants/children between 6 and 30 months of age, whose infants were in the process of complementary feeding, who could read and write, and who gave written and verbal consent to participate in the study were included. Parents whose infants had health problems related to feeding and who did not agree to participate in the study were excluded. In determining the sample size, it was aimed to reach 5-10 times the number of parents (between 65 and 130) as recommended in methodological studies.¹⁴ A sufficient sample size was reached by enrolling 137 parents in the study.

Data Collection Tools

Questionnaires and BLWS were used to collect the data.

Questionnaire

This form, which was prepared by the researchers by making use of the literature, was prepared to determine the descriptive characteristics of parents and children.^{6,10}

Baby-Led Weaning Scale

The Baby-Led Weaning Scale (BLWS) was developed and validated in the United States by Studer-Perez and Musher-Eizenman in 2022

to assess the level of infant-led weaning in parents whose infants/children were between 6 and 30 months of age. The Turkish validity and reliability of the scale were performed by Gülbetekin and Uyar¹⁰ (2024). The BLWS scale consists of a total of 13 items and 3 subscales (family, exploration, independence). In BLWS, items 1, 2, 3, and 4 cover the family sub-dimension, items 5, 6, and 7 cover the exploration sub-dimension, and items 8, 9, 10, 11, 12, and 13 cover the independence sub-dimension. In the scale, items 1, 2, 10, and 13 are reverse scored. The scale is answered on a 5-point Likert Scale. Gülbetekin et al. found the Cronbach's α values of BLWS to be 0.824 in total, 0.784, 0.706, and 0.831 for family, exploration, and independence sub-dimensions, respectively.¹⁰ In this study, Cronbach's α values of BLWS were 0.752 for total, 0.422, 0.793, and 0.632 for family, exploration and independence sub-dimensions, respectively. In the retest results, Cronbach's α values of BLWS were 0.571 for total, 0.569, 0.653, and 0.346 for family, exploration, and independence sub-dimensions, respectively.

Data Collection Process

The research data were collected by the researchers using a face-to-face interview technique. It took an average of 10 minutes to collect 1 set of research data.

Statistical Analysis

The research data were evaluated using Statistical Package for the Social Sciences 24.0 (IBM SPSS Corp.; Armonk, NY, USA) 24.0 software. Descriptive statistics, including number, percentage, arithmetic mean, median, SD, minimum, and maximum values, were used to summarize the data. The normality of continuous variables was assessed using the Kolmogorov-Smirnov test, and skewness and kurtosis values were also taken into consideration. Chi-square analysis was performed to test whether there were differences between 2 or more groups in categorical data. Pearson correlation analysis was conducted to examine the relationships between variables. Cronbach's Alpha Coefficient, Cronbach's Alpha Coefficient, were calculated for reliability analyses. The level of statistical significance was set at $P < .05$. These coefficients are among the commonly used and recommended methods in reliability analysis for evaluating the internal consistency of the items in the scale.¹⁴

Ethical Considerations

Ethical committee approval was received from the Kilis 7 Aralık University Ethics Committee (Approval No: E-76062934-044-45023; Date: 07.02.2024) and permission from the relevant institution (Number: E-34007727-770-239272314) were obtained. The purpose and scope of the study were explained to the parents participating in the study in the introduction section of the data collection form, and a written text stating that their responses would not be used anywhere outside of this study was given. Since individual rights should be protected in the study, the 'Voluntariness Principle' and 'Informed Consent' were fulfilled.

Results

The mean age of the parents participating in the study was 29.10 ± 4.73 , and the mean age of the children was 14.71 ± 7.91 . A total of 87.60% of the parents were mothers, and 52.6% of them had daughters. Of the mothers, 53.30% were undergraduate graduates, and 44.50% were housewives. The income of 56.90% of the parents is equal to their expenses, 92.70% of them have a large family structure, and 52.60% of them have 1 child. Additionally, 35% of the parents fed their babies with breast milk and supplementary food (Table 1).

The mean BLWS scores of mothers and fathers were 49.96 ± 6.67 and 46.71 ± 6.58 , respectively, and the difference between the 2 groups

was statistically significant ($P = .046$). There was a difference between the groups in terms of the feeding type of the infants ($P = .007$). In the post-hoc test, it was found that the mean BLWS scores were found to be lower in the parents of exclusively breastfed infants compared to the parents of formula+supplementary feeding infants, and the difference between them was determined to be significant ($P > .05$) (Table 2). In Tables 3–5, bold values highlight statistically significant findings ($P < .05$).

Parent's and babies' diets had a statistically significant effect on BLWS total score ($F = 4.564$, $P = .035$; $F = 2.47$, $P = .028$, respectively). This finding indicates that whether the parent is a mother or a father and the baby's feeding style are important determinants of BLWS ($R^2 = 0.335$; Adjusted $R^2 = 0.147$). Independent variables explained approximately 33.5% of the total variance (Table 3).

There is a weak positive and statistically significant relationship between the BLWS family sub-dimension and the child's age (month), height and weight ($r = 0.320$, $r = 0.285$, $r = 0.248$, respectively). There is a weak positive and statistically significant relationship between the BLWS independence sub-dimension and the age (month), height and weight of the child ($r = 0.260$, $r = 0.203$, $r = 0.192$, respectively). There is a weak positive and statistically significant relationship between the BLWS total score and the age (month), height and weight of the child ($r = 0.307$, $r = 0.254$, $r = 0.217$, respectively) (Table 4).

Discussion

Making inaccurate measurements leads to unreliable evidence.

This study analyzed the ways in which some demographic characteristics of parents in Türkiye affect BLW. Some factors such as parents' ignorance of how to present food, social environments, conflicting advice, pressure, guilt, lack of self-confidence, and fear affect their views on BLW and their willingness to use it.^{6,9,16} Considering that the lowest score that can be obtained from BLWS is 13 and the highest score is 65, the BLW levels of both mothers (49.96 ± 6.67) and fathers (46.71 ± 6.58) in this study were above the mean. The majority of the parents were mothers, and the BLW levels of mothers were relatively higher than those of fathers. Mothers may adopt the BLW model more than fathers. The effect of gender roles and the fact that mothers assume more responsibilities in baby care¹⁷ may have improved mothers' BLW awareness more than fathers. Fathers may have different perspectives, beliefs, and practices than mothers in introducing new flavors to their babies.^{18,19}

In many countries, babies switch to complementary feeding with different traditions and at different times.^{20,21} In the present study, the parents fed their babies with breast milk and supplementary food the most. In addition, the mean BLWS scores were found to be lower in the parents of exclusively breastfed babies compared to the parents of formula and supplementary feeding babies. While mothers encourage their children to develop eating habits on their own with the BLW method, they may also prefer to maintain a basic food source such as breast milk.²²

In BLW, the first preferred foods of infants are usually the foods consumed by the family.¹⁰ Infants are offered foods similar to those eaten by family members while eating with their parents.¹¹ Baby-Led Weaning encourages the infant to independently decide which food and how much to consume, and the infant determines his/her own eating pace, what he/she wants to eat, and what he/she does not want to eat.^{11,23} Thus, the child is enabled to feed alone and independence is encouraged.¹⁰ In the current study, a linear relationship was found between the family, independence sub-dimensions, and total score of

Table 1. Demographic Characteristics of Participants (n = 137)

	$\bar{X} \pm SD$	Min.-Max.
Parental age	29.10 \pm 4.73	3-40
Child's age (month)	14.71 \pm 7.91	6-30
Child's birth height (cm)	49.63 \pm 3.69	30-57
Child's birth weight (gr)	3050.69 \pm 614.79	1050-4500
Child's current height (cm)	78.45 \pm 10.12	60-100
Child's current weight (gr)	9738.32 \pm 2944.84	1000-16 500
	Value Label	n (%)
Parents	Mother	120 (87.60%)
	Father	17 (12.40%)
Children	Female	72 (52.60%)
	Male	65 (47.40%)
Mother's education status	Illiterate	3 (2.20%)
	Primary school	11 (8.00%)
	High school	32 (23.40%)
	Undergraduate	73 (53.30%)
	Postgraduate	18 (13.10%)
Father's education level	Illiterate	6 (4.40%)
	Primary school	5 (3.70%)
	High school	35 (25.50%)
	Undergraduate	77 (56.20%)
	Postgraduate	14 (10.20%)
Mother's occupation	Housewife	61 (44.50%)
	Officer	53 (38.80%)
	Worker	7 (5.10%)
	Retired	1 (0.70%)
	Private sector	15 (10.90%)
Father's occupation	Officer	71 (51.80%)
	Worker	17 (12.40%)
	Retired	3 (2.20%)
	Private sector	46 (33.60%)
Perception of income	Income less than expenses	26 (19.00%)
	Income equals expense	78 (56.90%)
	Income more than expenses	33 (24.10%)
Family type	Large family	127 (92.70%)
	Nuclear family	7 (5.10%)
	Broken family	3 (2.20%)
Number of child	1	72 (52.60%)
	2	41 (29.90%)
	3	21 (15.30%)
	4	3 (2.20%)
Child's feeding pattern	BM	11 (8.00%)
	BM + Other milks	7 (5.10%)
	BM + SF	48 (35.00%)
	BM + F	18 (13.10%)
	F + SF	33 (24.10%)
	BM + F + SF	9 (6.70%)
	SF	11 (8.00%)

BM, breast milk; F, formula; SF, supplementary food.

BLWS and the age, height, and weight of the infant. In other words, the extent to which the child sits with the family at meals (family sub-dimension), the degree of independence in eating (independence sub-dimension), and the total BLW levels of the parents are affected by the age, height, and weight of the children.⁶ In a recent study, an increase in growth curves was found in BLW compared to the traditional feeding model.²⁴ This may be due to the fact that parents tend to direct their children more independently in terms of nutrition as the child's age advances and physical growth increases in parallel.

Table 2. Comparison of Scale Total Scores According to Demographic Characteristics (n = 137)

		N	$\bar{X} \pm SD$	Median	Min.-Max	Chi-Square	P	Post-Hoc
Parents	Mother	120	49.96 ± 6.67	50.5	23-63	-1.995	.046	-
	Father	17	46.71 ± 6.58	48	34-58			
Mother's education status	Illiterate	3	51.33 ± 6.66	48	47-59	4.618	.329	-
	Primary school	11	47.00 ± 9.42	50	23-57			
	High school	32	48.91 ± 6.81	50	27-59			
	Undergraduate	73	49.47 ± 6.28	50	32-63			
	Postgraduate	18	52.33 ± 6.21	53.5	38-63			
Father's education status	Illiterate	6	49.00 ± 5.02	47.5	45-59	5.153	.272	-
	Primary school	5	48.00 ± 4.64	49	40-52			
	High school	35	49.00 ± 6.85	50	23-58			
	Undergraduate	77	49.25 ± 6.98	50	27-63			
	Postgraduate	14	53.43 ± 5.5	52	46-63			
Mother's occupation	Housewife	61	49.03 ± 6.83	49	23-62	6.925	.074	-
	Officer	53	50.79 ± 6.43	52	32-63			
	Worker	7	43.29 ± 9.16	47	27-52			
	Private sector	15	50.2 ± 4.72	50	43-61			
Father's occupation	Officer	71	49.45 ± 6.67	50	32-63	0.677	.879	-
	Worker	17	50.29 ± 4.59	50	40-59			
	Retired	3	43 ± 13.89	50	27-52			
	Private sector	46	49.87 ± 6.93	49.5	23-63			
Perception of income	Income less than expenses	26	48.42 ± 8.44	49.5	23-62	2.023	.364	-
	Income equals expense	78	49.29 ± 6.49	50	27-63			
	Income more than expenses	33	51.06 ± 5.6	52	34-63			
Family type	Large family	127	49.36 ± 6.78	50	23-63	3.392	.183	-
	Nuclear family	7	53.43 ± 6.19	54	42-63			
	Broken family	3	48.67 ± 1.53	49	47-50			
Children	Female	72	48.92 ± 6.98	50	27-63	-1.157	.247	-
	Male	65	50.26 ± 6.41	50	23-62			
Number of children	1	72	48.86 ± 7.45	50	23-63	2.122	.547	-
	2	41	50.20 ± 6.47	50	34-63			
	3	21	50.95 ± 4.1	51	38-57			
	4	3	47.67 ± 6.66	46	42-55			
Feeding pattern	BM	11	43.27 ± 8.91	45	23-55	17.6	.007	BM + F + SF
	BM + Other milks	7	50.00 ± 3.92	50	43-55			
	BM + SF	48	49.42 ± 6.82	49.5	34-63			
	BM + F	18	48.56 ± 5.27	50	38-59			
	FF + SF	33	52.67 ± 4.22	52	42-61			
	BM + F + SF	9	48.44 ± 9.14	49	27-57			
	SF	11	49.36 ± 7.58	49	34-63			

BM, breast milk; F, Formula; SF, supplementary food.

Table 3. Univariate Analysis of Variance**Dependent Variable: Scale Total score**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected model	2060.445	30	68.682	1.783	0.017
Intercept	16917.886	1	16917.886	439.168	<0.001
Parents	175.798	1	175.798	4.564	0.035
Mother's education status	104.99	4	26.247	0.681	0.606
Father's education level	248.138	4	62.035	1.61	0.177
Mother's occupation	199.001	4	49.75	1.291	0.278
Father's occupation	123.326	3	41.109	1.067	0.366
Perception of income	14.079	2	7.039	0.183	0.833
Family type	110.691	2	55.345	1.437	0.242
Gender of the child.	138.415	1	138.415	3.593	0.061
Number of children	183.422	3	61.141	1.587	0.197
Child's feeding pattern	570.891	6	95.148	2.47	0.028
Error	4083.394	106	38.523		
Total	342571	137			
Corrected total	6143.839	136			

R Squared = .335 (Adjusted R Squared = .147).

Table 4. Correlations of BLWS Total and Subscale Scores With Demographic Characteristics (n = 137)

	Parental Age	Child's Age (month)	Child's Birth Height (cm)	Child's Birth Weight (gr)	Child's Current Height (cm)	Child's Current Weight (gr)
Family	r	0.069	0.320	0.077	0.001	0.285
	P	.424	<.001	.371	.987	.001
Exploration	r	-0.131	0.106	0.110	0.092	0.082
	P	.128	.217	.201	.283	.343
Independence	r	0.001	0.260	0.083	0.003	0.203
	P	.997	.002	.334	.970	.017
Total	r	-0.014	0.307	0.113	0.032	0.254
	P	.868	<.001	.190	.708	.003

Pearson correlations test.

Strengths and Limitations

This study has some limitations. First of all, the fact that the study was conducted in only 1 FHC is a limitation of the research. For this reason, it limits the generalizability of the findings obtained to wider communities. On the other hand, the study also has strengths. Considering the limited number of previous studies in Turkish on a current and important topic such as infant-led transition to supplementary food, this study makes an important contribution to the literature.

Conclusion

The BLW levels of both mothers and fathers were above the mean. Whether the parent is a mother or a father and the baby's feeding style are important determinants of BLW. The extent to which the child sits with the family at meals, the degree of independence in eating and the total BLW levels of the parents are affected by the age, height and weight of the children.

BLWS can be used to determine the level of knowledge about BLW among parents with infants/children aged 6-30 months. Further research could be conducted to identify other factors influencing BLW.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethical committee approval was received from the Kilis 7 Aralık University Ethics Committee (Approval No: E-76062934-044-45023; Date: 07.02.2024). The institution where the study was conducted (No: E-34007727-770-239272314) also approved this study.

Informed Consent: Written informed consent was obtained from the participants who agreed to take part in the study.

Peer-review: Externally peer-reviewed.

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