KNOWLEDGE AND PRACTICES AMONG MOTHERS REGARDING WEANING PRACTICES, VISITING PEDIATRIC OUTPATIENT DEPARTMENT BAHAWAL VICTORIA HOSPITAL BAHAWALPUR

Aaqib Javed, Khaliq-Ur-Rehman, Muhammad Arslan, Ammara Ishtiaq

ABSTRACT

Background: Weaning is defined as addition of foods in the infant's diet other than mother's milk and slowly lessing mother's milk. WHO recommends and emphasize on breast feeding for the first four to six months for full term healthy child by a healthy mother. **Objective:** To evaluate the knowledge and practices of lactating mothers of infants regarding weaning. **Methodology:** This cross-sectional study was conducted at pediatric outpatient department of Bahawal Victoria Hospital Bahawalpur from 1st February to 30th April 2016. The non - probability convenience sampling method was used to get data from 75 lactating mothers attending outpatient department with their infants, and data regarding weaning knowledge and practices was noted. Data was analyzed by SPSS 21 and all results were shown in the form of tables, frequencies and percentages. **Results:** In the present study, 70% of mothers were 20 to 29 years of age, all were housewives, 30% were educated at 10th grade, and 75% lived in the combined family system, age range was 4-6 month, in 65% of mothers. Overall 48% used home-made weaning diet, 34% used mixed homemade and commercially refined diets, while 18% used only commercially prepared diets. Breastfeeding was sustained during and after weaning, in 68% mothers. **Conclusion:** This study showed that only two third mothers started weaning at 4-6 months, and half of mothers used home mad diet. Mothers must be educated about the importance and effectiveness of weaning, age at which weaning starts and the types of weaning diets. This can be achieved through the use of LHWs, LHVs and mass media as communication. The importance of continued breastfeeding after weaning should be emphasized. **Key Words:** Mothers, Practices, Infants, Weaning, Knowledge

INTRODUCTION

Weaning defined as addition of foods in the infant's diet other than mother's milk and slowly Lessing mother's milk.1 WHO recommends and emphasize on exclusive breast feeding for the first four to six months for full term healthy child by a healthy mother.^{2,4} Severe health complications can occur in infants due to delayed weaning as after six month of age alone mother's milk is not sufficient to fulfill the nutritional requirement of the child. Mother's milk contains insufficient quantity of zinc, iron and vitamin A for the nursing baby. Delayed weaning causes protein energy malnutrition due to which severe neurological manifestation can occur.⁵ In underdeveloped countries bottle feeding is used as alternate of mother's milk that also have its own disadvantages like diarrhea, gastritis, allergic conditions and dental caries. Infant mortality rate is about 4.5 times higher in children using bottle feed as compared to breast feeding Childs. Breast feeding reduces risk of breast cancer (pre-menopausal). Factors that affecting weaning vary according to socioeconomic condition of the population like education, culture, norms and believes and taboos.

In united state weaning age was from 2.5 to 3 years the common reason for starting of weaning was said to be "child-led" and that was accomplished slowly.8 Working mothers and the mothers having handsome income status weaning early as compared to housewives and the mothers having poor socio economic status. The most frequent used weaning diet was adult diet like ingera, kitta, and bread followed by egg. In Pakistan, according to national nutrition survey majority of the children used other diet than milk between the ages of seven to nine months of age and start of solid diet was also late even in rural areas of Pakistan.9 Weaning food prepared in underdeveloped countries in unhygienic conditions by using contaminated water causes weaning diarrhea in Children. This causes dilemma to mother and child; to wean or not wean so these questions are still alive when to start weaning, how to wean and what to wean. The objective of this study was to assess knowledge and practices regarding weaning age, types of weaning foods, continuation of mother's milk and source of information for weaning practices.

Correspondence: Dr. Aaqib Javed, Medical Officer, BHU Adam Wahin, Lodhran, Pakistan.

^{1.} DHQ, Lodhran, Pakistan.

^{2.} Department of Medicine, Sheikh Zayed Medical College/Hospital, Rahim Yar Khan, University of Health Sciences Lahore, Pakistan.

METHODOLOGY

This cross-sectional study was conducted at pediatric outpatient department of Bahawal Victoria Hospital, Bahawalpur from 1st February to 30th April 2016. The non - probability convenience sampling method was used to get data from 75 lactating mothers attending outpatient department with their infants. A structured questionnaire was used to collect data from mothers.

Data was entered and analyzed using SPSS software version 21. The data regarding knowledge of weaning and practices of mothers were reported. Ethical approval was sought from hospital ethical committee.

RESULTS

The Socio demographic profile of 75 mothers is presented in Table I. Most of the mothers 51 (68%) were age group 20-29 years of age, while 33 (44%) were illiterate, 14 (18%) were primary pass, 23(30%) were metric and 2(4%) were intermediate or above. (Table I) 54(72%) women were having one to two Child and 39(52%) had monthly income 3000-5000 rupees. Occupational status of fathers revealed that 30(40%) fathers were working on daily wages basis, 21 (28%) were having their own business, 19(26%) were regular in employment and 5 (6%) did not specify their earning sources. 56 (75%) were living in combined family system. When inquired about the age of youngest child, 27 (35%) has younger Child within the age group of 23 to 24 months and 36 (47%) mothers were having children less than one 12 months of age. Among youngest children 49(65%) were males and 26(35%) were females. It was noted that 34(46%) infants has weaning at the age of 5 to 6 months, 22 (30%) has weaning diet the age of 6 months, 12(16%) started weaning food at the age of 3 to 4 months of age and 3 (4%) started solid food at 1-2 months of age, and four children (5%) were not started weaning after 12 months. 27(36%) mothers started weaning by her selves, 24(33%) started weaning as advised by doctor, and 11(15%) started weaning because of thinking of low breast milk, 11(14%) mothers started weaning as counseled by LHVs or inspired by media.(Figure I) Food items given at weaning with percentage of infants is given in (Table II). Breast feeding along with weaning continued by 51(68%) and was discontinued by 21 (27%).

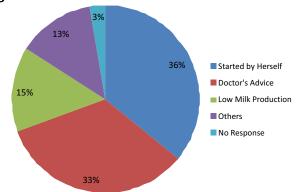
Table I: Socio Demographic profile of mothers

No of Mothers	Percentage
51	68%
18	24%
6	8%
Į.	
33	44%
14	18%
3	4%
23	30%
2	4%
54	72%
14	19%
7	9%
me(Rupees)	
11	14%
39	52%
18	24%
7	10%
	51 18 6 33 14 3 23 2 54 14 7 ome(Rupees) 11 39 18

Table II: Food items given at weaning

Food	No of Mothers	Percentage
Bread	18	24%
Chappati	28	38%
Rice	50	66%
Legumes	9	12%
Eggs	30	40%
Milk	39	52%
Meat	9	12%
Fish	4	5%
Chicken	11	15%
Fruit	26	35%
Vegetables	15	20%
Butter	2	2%
Oils	4	5%
Ghee	4	5%
Honey	11	15%

Figure I: Reason for weaning at a particular age



DISCUSSION

Feeding practices are important determinants of future physical and mental well-being of Children. 10 The practice of weaning low in nutrient density and high bulk infant formulas for weaning is a well known problem all over the world. Early introduction of solid diets and unsanitary practices in infants may lead to malnutrition, stunting, infection and high mortality.9 In Pakistan according to national nutrition survey 68% children used other diet than milk between the ages of seven to nine months of age; 30-50% infants not received semi solid or solid food even at the age of one to two years of age. The mean weaning age was 8 months in Baluchistan. 10 The incidence and duration of breastfeeding reduced while bottles and solid foods were introduced earlier.11,12

The first part of our study focused on the mean age of weaning and socio demographic factors that could influence weaning potential. This study showed that the mean age of weaning was between 4 and 6 months, which was based on WHO criteria and suggested weaning exercises.

This study was carried out in a low socioeconomic group. The study was carried out in a low socioeconomic group. The study that the onset period among half was more than 6 months, and it was further observed in this study that the majority of mothers 68% were between the ages of 20-29 years old. No one was under 19 years of age and less than 9% were older than 40 years of age. All mothers were interviewed, most were not well educated, 66% less than matriculation, and 30% of mothers were metric.

A similar study showed the fact that the educational status was lower, about 72% of mothers was illiterate or under metric and its associated mothers were often delayed in weaning to children until the 6 months or more. Our study

also showed that for all interviewed housewives. 66% of respondents' husbands earning was Rs 5000 per month or less. Among them, 11 had incomes lower than Rs. 3000. Study showed that mothers having better economic status had 2 times better chances of starting early weaning as compared to mothers from poor background. A similar co relation was seen in mothers who were working women with the onset of weaning age in their children. Mothers working outside of their homes had 3.3 time better chances to start early weaning. In our study, 75% lived in the combined family system. It is related to another finding in our study 60% of mothers were having six or more than six family members living with them. 54(72%) women were having one to two child while 7(9%) had five to six Children, and 47% of mothers having children below one year of age.

Our research focused on another part of the weaning practice. It is interesting to note that about 36% of mothers start giving their children a semi-solid food based on their own mother's sensation and instinct. Jalil et al¹³ reported that 50% of the urban poor began to be weaned because of insufficient supply of milk. The finding was supported by another study in the United States where the youngest child was weaned for 63.5% for insufficient supply of milk. Weaning is said to be child led. In the present study, 33% of mothers consulted physicians for weaning. This finding is contrary to the fact that 55% of women in Glasgow-based research revealed that they received formal information about weaning from health visitor.14 In this study rice was given the highest priority as a weaning diet (66%), followed by milk (52%), eggs (40%), chappati (38%) and fruits (35%). In addition, ghee and butter turned out to be the most unpopular baby weaning food. Cultural differences in weaning practices are observed all over the world. although low - income groups use starchy foods more than high - protein diets. In Africa, the most popular weaning foods were cooked bananas (96%), followed by cow milk, corn porridge, millet porridge and potatoes as weaning diet. These findings are also supported by a study on aboriginal infants and children.15 Another study conducted in West Africa showed that people with low socioeconomic classes rarely eat meat, eggs or fish for their infant's diet; not only because of socioeconomic factors, but that social taboos and ignorance added factors. 16 In this interviewed women, 48% used home-made weaning diet, 34% use mixed homemade and commercially refined diets, while 18% use only commercially prepared diets. This is similar to a study, revealing

that 63.5% of mothers introduced homemade weaned foods, although only 19% relied on commercial preparations.¹⁷

Regardless of age at onset of weaning, Breast feeding along with weaning was continued by 51(68%) and was discontinued by 21 (27%). other studies have also shown that bottle feeding is not just used to give milk, but they are also used to give semi-solid cereals as well. Therefore, bottle feeding is now socially and culturally accepted by the Pakistani mothers. ¹⁸

CONCLUSION

This study showed that only two third mothers started weaning at 4-6 months, and half of mothers used home mad diet. Mothers must be educated about the importance and effectiveness of weaning, age at which weaning starts and the types of weaning diets. This can be achieved through the use of LHWs, LHVs and mass media. The importance of continued breastfeeding after weaning should be emphasized.

Conflict of interest

The authors have declared no conflict of interest.

REFERENCES

- 1. World Health Organization (WHO). Complementary Feeding: Family Foods for Breast-feeding Children. Geneva, 2000.
- Kikafunda JK. Walker AF, JK Tumwine. Weaning Foods and Practices in Central Uganda: A Crosssectional Study. African Journal of Food, Agriculture, Nutrition and Development. 2003; 3(2):-169-74.
- Ahmad Z. Kyi DW, Isa AR. Breast-feeding and Weaning Practices in Rural Communities of Kelantan.Mal J Nutr2. 1996; 148-154.
- 4. Aregai WG. Determinants of Weaning Practices. EJHD. 2000:14(2):183-189.
- Odebode TO, Odebode SO. Protein Energy Malnutrition and the Nervous System: the Impact of Sochio-economic Condition, Weaning Practice, Infection and Food Intake, an Experience in Nigeria. PJN. 2005; 4(5): 304-309.
- 6. Sharnim S, Jamalvi SW, Naz F. Determinants of Bottle Use amongst Economically DisadvantagedMothers. JAMC 2006; 18(1):75-79.

- 7. Sugarman M, Kendall-Tackett KA. Weaning Ages in a Sample of American Women Who Practice Extended Breastfeeding. 1995; 34(12): 642-647.
- Fawzia A., Al-Awadi, Ezzat KA. Recent Trends in Infant Feeding Patterns and Weaning in Kuwait. EMHJ 1997; 3(3):501-510.
- UNICEF and Nutritional cell Punjab. Pakistan. Training of health care providers in mother and child nutrition. Revised edition 1995.
- Government of Pakistan. National Nutrition survey. Nutrition Division, National Institute of Health, Islamabad. 1998.
- 11. Ahmad Z, Kyi DW, Isa AR. Breast feeding and weaning practices in rural communities of Kelantan. MaI J Nutr 1996;(2): 148-54.
- 12. Shamin S. weaning practices in pen-urban low socioeconomic groups; JCPSP. 2005; 15(3): 129-32.
- Jalil F, Karlberg J, Hanson LA, Lindbald BS. Growth disturbances in an urban area of Lahore, Pakistan related to feeding patterns, infectios and age, sex,socio economic factors and reasons. Acta Paediatr1989; 350(2S):14-54.
- Shirley SA, Reilly J, Edwards C, Durnin J. Weaning practice in Glasgow longitudinal infant growth study; Arch Dis Child 1998 August; 79:153-156.
- 15. Gracey M. Infant feeding and weaning practices in an urbanizing traditional, hunter- gatherer society. Pediatrics 2000; 106(5):1276-1277.
- Onofiok N and Nnanyelugo DO. Nutrient intake of infants of high and low socio- economic group in Nsukka, Nigeria. Occasional paper. Department of home sciences and nutrition. University of Nigeria, Nsukkal 992.
- 17. Shamim S, Jamalvi W, Naz F. Determinants of bottle use amongst economically disadvantaged mothers. JAMC 2006; 18(1): 1-3.
- Osama NA and El Subhan FF. Infant feeding practices in Al Ain. United Arab Emirates. Eastern Med Health J. 1992; 2:1003-10.

Article Citation: Javed A, Rehman KU, Arslan M, Ishtiaq A. Knowledge and practices among mothers regarding weaning practices, visiting pediatric outpatient department Bahawal Victoria Hospital, Bahawalpur. JSZMC 2017;8(2): 1177-1180