

Knowledge among Mothers Regarding Weaning Practice of Jhangad Community of Jhorahat V.D.C, Nepal

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Abstract

The study was conducted among 50 mothers of Jhangad community to assess the knowledge regarding weaning practice on infant. Although the findings showed that most of the mothers had heard about weaning practice, only 76% mothers knew about ideal weaning time. There was a difference between the time for the initiation of weaning and selection of the food items. 92% used foods for weaning from local sources like rice and pulses (34%) because of its easy availability. A considerable number had a concept that proper weaning helps in overall growth and development of the child. 8% replied that it helps to prevent malnutrition. Health problems like diarrhoea were the most frequent problem complained by the mothers after weaning.

Key Words: Knowledge, Weaning practice, Nepal

Introduction

Weaning an infant from breast feeding to complementary food is a common cultural practice followed by Nepalese people, which plays vital role in the child's milestone for growth and development. The right practice of weaning is necessary to prevent from various health related complications like allergy, diarrhoea and choking (Cameron *et al.*, 2012) furthermore delayed weaning may result in nutritional deficiency, protein energy malnutrition (Gupta *et al.*, 2010) and, childhood illness, developmental delay (Wadgave *et al.* 2012) stunting (Padmadas *et al.*, 2002) and sometimes even death.

Weaning is often advantageous in reducing early infant mortality death. Although timing of weaning varies across societies but is always determined by the mother's characteristics, choices, knowledge and

perceptions about child's health or cultural beliefs related to feeding (Bohler, 1996). Additionally, mothers hold the overall responsibilities for the child's health and mothers' knowledge can be the barrier for weaning practice (Dandeker *et al.*, 2014).

In this study we attempted to assess the knowledge, practice and identify the factors especially socio-demographic factor which affects the weaning practices among mothers of Jhangad community.

Materials and methods

Descriptive research among mother's knowledge on weaning was conducted in the Jhangad Community, Jhorahat VDC, Morang, Nepal. 50 mothers were included by convenient purposive sampling method. Self administered and semi structured questionnaire was used. Content validity

was maintained by reviewing literature, consulting with research advisor, research expertise and subject expert. Tool try out was done in similar setting. The questionnaire addressed aspects of mother's socio-demographic characteristics and included feeding history; weaning practices; sources of information about weaning; and mother's behaviors, and knowledge of age at which the child should be weaned.

Results and discussion

In the current study, although all mothers had heard about weaning, there was a difference between the times for the initiation of weaning, 76% started weaning after completion of 6 months of age (Figure 1). Early weaning was found relatively low. This finding contradicts with the study, where the weaning rate was 69.35% started after 8 months of age only (Kunhe and Bubl, 2004) and between 3 to 4 months (Wright *et al.*, 2004). It is recommended that weaning should be started at the completion of 6 months of child's age, because nutritional needs can no longer be fully met by breast feeding. Hence the timing and type of weaning foods introduced in an infant's diet also have significant effects on the child's nutritional status (Choudhary *et al.*, 2012).

20 (40%) of mothers replied that weaning helps in overall growth and development and were aware about the importance of weaning (Figure 2). Surprisingly, only 4 (8%) replied that it helps in avoiding malnutrition. A child will be put at increased risk of malnutrition and illness (Gupta *et al.*, 2010) if the foods are introduced much before or too much after the age of six months.

Study finding also shows that 37 (74%) have no health hazard during weaning but

the remaining 13(26%) faced problems; 7(54%) had diarrhoea, results herein corroborate with the findings (Bhatt, 2007; Motee, 2013) that infants who had been weaned had health hazard of diarrhoea more than 11 times than with those were breastfeeding. Although health problems like diarrhoea was the most frequent problem complained by the mothers after weaning. Such problems can be prevented by providing them timely education and teaching regarding right choice of diet during the immunization visit of child in the health center.

28 (56%) got the information about weaning from friends/neighbours and 3 (6%) from radio which contradicts to the findings of the study done by Frazier *et al.* (1998) which rated the helpfulness of sources of parental information, including friends and neighbours, relatives, radio, newspapers, magazines, medical personnel, physician, television, and workplace.

The preparation and storage of food in the home if not hygienic, can risk the child's health. Almost all the mothers in the study preferred to use homemade foods during weaning (Figure 3, 4) rather than commercially available foods, the main reasons were due to its easy availability, freshness and more hygienic (93.5%) which is supported by the study done by (Choudhary *et al.*, 2012; Motee 2013).

All mothers have weaned their baby properly, the reason might be that 29 (58%) of the mothers were housewife so adequate time were available for weaning which contradicts the study of Wanyoike and Wairimu (2012) and Dandekar (2014). In the current study 31 (62%) respondents lived in joint family and the remaining with extended family. None of the mothers belong to nuclear family.

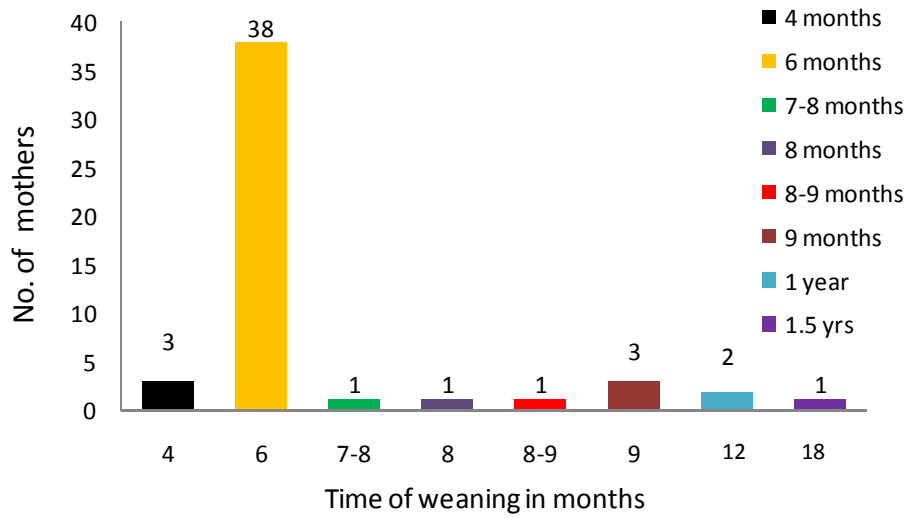


Figure 1. Distribution according to idea about time of weaning.

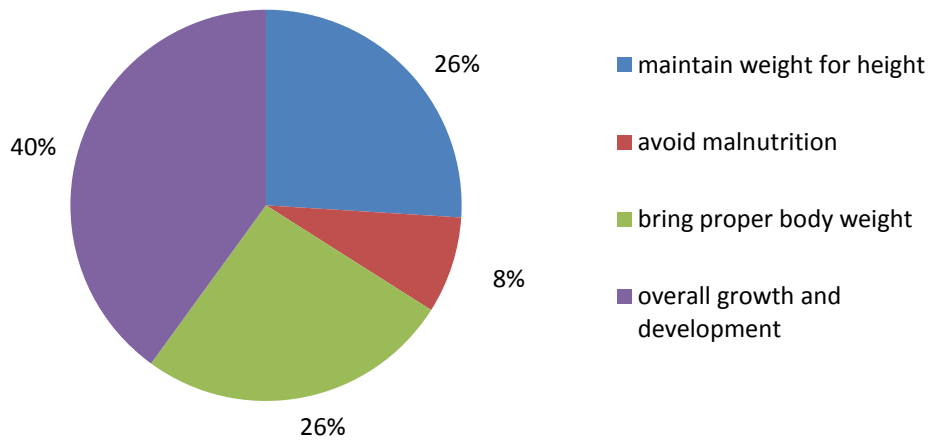


Figure 2. Distribution according to the advantage regarding of weaning.

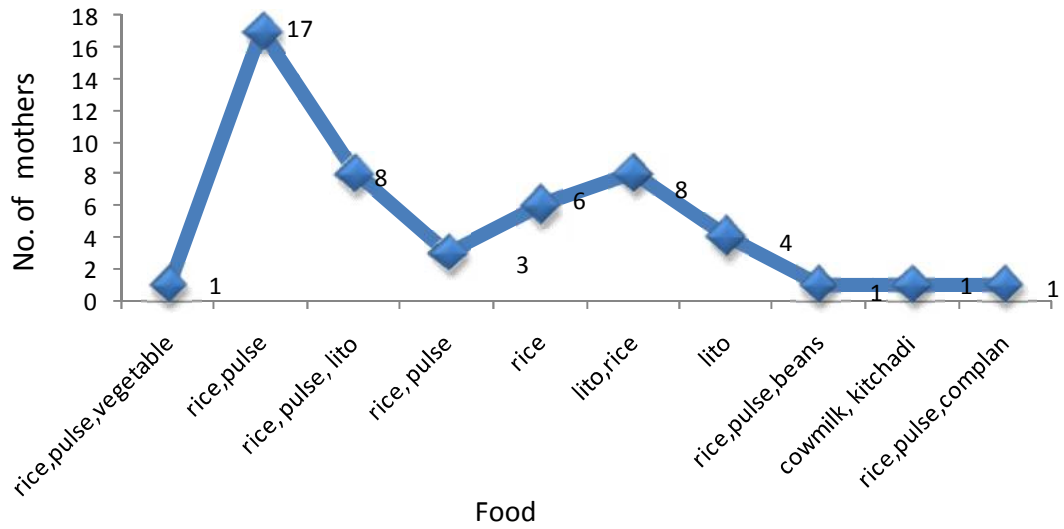


Figure 3. Distribution of respondent according to food used in weaning.

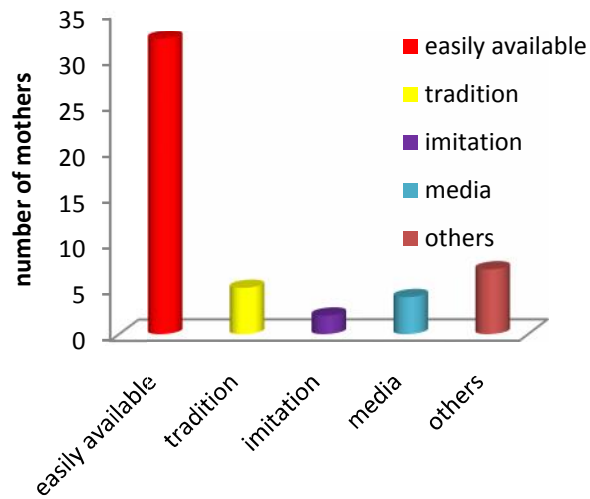


Figure 4. Distribution according to reasons for using specific food in weaning

In this study none of the mothers were single and almost all babies were weaned on the desired time. There is a marked variation in weaning practices with regard to marital status of mothers that married couples are at risk of late weaning and single mothers had weaned in timely manner (Moore *et al.*, 2014; Frazier, 1998). In our study 62% were educated and 20% attended health education regarding weaning which that might be because of the fact that educated mothers are more receptive to health education and hence are more aware (Choudhary *et al.*, 2012; Hotz and Gibson, 2004).

Nevertheless, it has been argued that younger mothers, and those returning to work postpartum were more likely to wean before 1 month (Tarrant *et al.*, 2010), and timely as the age advanced (Gunasekarari *et al.*, 2000) this study reveal that although the mothers are young, below 20 years of age 34(68%) and employed 21 (42%), the babies were timely weaned. This issued needs to be addressed in further studies.

Conclusions

Weaning should be done timely, properly, safely and adequately in order to meet the nutritional requirement of a child after 6 months of age. Friends and neighbors play a pivotal role in the weaning practice. Weaning depends on accurate information and skilled support from the family, community and health care system. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food. People lack idea on what to use during weaning. Sound, culture specific counseling and food guidelines provided on weaning can be a panacea in Nepal, where Infant Mortality Rate is 40.43 deaths/1,000 live births.

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