

# Knowledge Regarding Breast Feeding and Weaning Practices Among Mothers

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## 1. INTRODUCTION

Weaning is the process of gradually introducing foods other than breast milk in the child's feeding schedule. The foods that are introduced in addition to breast milk are called complementary foods. Introducing complementary foods not only ensures the fulfilment of nutrient needs of the infant but also introduces the child gradually to the family eating pattern. The nutrient density of the weaning foods should be 0.25k.cal to 0.4k.cal/g. Hence calorie dense foods should be given. Weaning food should provide at least 10 percent of energy as protein. These include usually cow's milk, fruit juices, soft cooked rice, dhal, and vegetables. Weaning should proceed gradually and be based on the infants rate of growth and developmental skills. Weaning food should be carefully chosen to complement the nutritional need of an infant, promote appropriate nutrient intake, and maintain growth.

In most developing countries, childhood malnutrition rates raise significantly at 6 months of age when complementary foods starts being introduced. Inappropriate complementary feeding practices such as poor quality and insufficient quantity of complementary foods have been identified as the major causes of malnutrition in young children. The problematic complementary feeding practices are associated with caretakers' poor knowledge, lack of information and being restricted by traditional beliefs.

The recent concepts on infant and young child feeding practices advocate that breast feeding should be started immediately after birth, preferably within 1 hour, and continued till six months to two years or beyond with appropriate and adequate weaning diet after six months. Weaning is the best way to feed babies over six months old and growing children.

Adequate nutrition during infancy and early childhood is crucial for growth and development of children. Poor infant and young child feeding practices, coupled with high rates of infectious diseases, are the proximate causes of malnutrition during the first two years of life. The second half of an infant's first year is an especially vulnerable time, when breast milk

alone is no longer sufficient to meet his or her nutritional requirements and complementary feeding should start. Many children suffer from under nutrition and growth faltering during this period, with consequences that persist throughout their life. Children need complementary foods in addition to breast milk from the age of six months.

Proper feeding of infants and young children can increase their chances of survival. It can also promote optimal growth and development, especially in the critical window from birth to two years of age. Ideally, infants should be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to two years of age and beyond. Starting at six months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.

An infant that is not exclusively breastfed could be at a substantially greater risk of death from diarrhoea or pneumonia than one who is. Moreover, breastfeeding supports infants' immune systems and may protect them later in life from chronic conditions such as obesity and diabetes. In addition, breastfeeding protects mothers against certain types of cancer and other health conditions. Adequate feeding from six months onwards can prevent under nutrition and decrease the risk of infectious diseases, such as diarrhoea and pneumonia. Yet despite all the potential benefits, only about two fifths of infants 0-5 months of age worldwide are exclusively breastfed, and only around two thirds are introduced to solid foods in a timely manner.

## 2. NEED FOR THE STUDY

Failure to know the time when breast-feeding alone is not enough and appropriate weaning foods must be introduced contributes too much of the morbidity and mortality among infants and young children in developing countries. The nutritional and health status of child depends mainly on weaning practices of community. Proper weaning practices starting from 6 months is very important for physical and mental development of the child.

Although knowledge of mothers has probably increased from past but further improvement of knowledge and practices regarding weaning is still needed. Urban mothers have the knowledge of weaning but unable to practice the same due to unfavourable circumstances like career, life-style, etc. More research is needed to understand how to improve the knowledge and motivation of mothers to start the appropriate weaning habits.

Infants and young children are at an increased risk of malnutrition from six months of age onwards, when breast milk alone is no longer sufficient to meet all their nutritional requirements and complementary feeding should be started. Hence this study was undertaken to assess the knowledge and practices regarding weaning among mothers of infant in selected health centres in Belur.

### 3. REVIEW OF LITERATURE

Complementary feeding, also known as weaning mixed feeding or introduction of solid foods, should begin for infants by six months of age. Breast milk or infant formula should continue during the complementary feeding period with amounts gradually reduced as the variety of foods increases. As all infants' needs are different, health care professionals have to be aware of key nutrients and foods needed at the same time as monitoring growth and understanding the needs of parents and the resources available to them.

A study was conducted to assess the knowledge, attitude and practices regarding weaning. About 23% mothers started weaning at 6 months and 21% used commercial foods. Male child, illiterate mothers, low socio economic standards, and rural mothers tend to wean late. Parity, religion and occupation have no significant influence on weaning age. About 34.1% were under weight, 34.5% stunted and 23.8% muscle wasted. Mothers' knowledge regarding weaning time is inadequate and practices inappropriate and needs education.

Katti et al (2016) conducted a study to assess the knowledge about weaning and to find out the association between socio-demographic variables and knowledge of mothers regarding weaning. It was observed that overall mean knowledge regarding weaning among the subjects was (23%) had good knowledge, (17%) had average. It was evident that maximum number of subjects had good knowledge regarding weaning. Calculated chi-square values showed there is association between the socio-demographic variables of subjects and level of knowledge regarding weaning diet at  $p=0.05$  level of significance.

Mohammed et al (2014) described the knowledge, attitude, and actual practices of mothers regarding breastfeeding, complementary feeding and weaning. The majority of the mothers had good knowledge about the advantages of breastfeeding for child. Most of the mothers (94.8%) agreed that breastfeeding protect child from infection, 96.1% agreed that it is the healthiest for infant, 76.5% agreed that breast

milk lead to loss of figure, and 83.4% agreed that breastfeeding should be avoided during mother's illness. About 84% initiated breastfeeding immediately after delivery, and 42.7% of the studied mothers offered pre-lacteal feeds to baby before lactation. Exclusive breast-feeding was found to be associated with mother's education ( $P < 0.0001$ ) but not with mother's age at birth, mother's occupation, or place of birth.

Subba et al (2014) conducted a study to assess the knowledge regarding weaning practice. 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.

Rao et al. (2011) studied on complementary feeding practices among mothers of children aged six months to two years in coastal south India. In the present study 77.5% mothers had started complementary feeding at the recommended time of six months. Only 32% of mothers were giving an adequate quantity of complementary feeds. The association of initiation of complementary feeding with socio-economic status, birth order, place of delivery and maternal education was found to be statistically significant.

Ray et al. (2010) studied on breast feeding and weaning practices among 57 lactating mothers. About 52.6% of infants were offered sweet water and only 24.6% were offered breast milk as first feed, all 57 were put on breast milk within 24 hours of delivery. All 26 infants older than 6 months continued to receive breast milk. The introduction of artificial milk to young infants was culturally accepted and practiced in 35 cases. 77.2% of these subjects received such milk before reaching 6 months of age; the introduction took place in 62.9% of cases due to insufficiencies of maternal breast milk. The study concludes that the universal practice early and prolonged breast feeding was most common factor and need for education on weaning.

### 4. OBJECTIVES OF THE STUDY:

- To assess the existing knowledge and practices of mothers of infants regarding weaning.
- To find out the correlation between knowledge and practice of mothers of infants regarding weaning.
- To find out the association between weaning knowledge with personal variables such as age, educational level, occupation, monthly income and type of family.

- To find out the association between weaning practice with personal variables such as age, educational level, occupation, monthly income and type of family.

## 5. METHOD

Data was collected from mothers of infants in selected areas of Belur, Howrah district. Descriptive survey design was done. 60 mothers of infants were selected through purposive sampling. A self-made questionnaire was used to collect data from samples containing questions on personal variables such as age, educational level, occupation, monthly income, and type of family. It also consists of multiple choice questions for assessing the knowledge of mothers of infants regarding weaning and for assessing the practice of mothers of infants regarding weaning.

## 6. RESULTS AND DISCUSSION

**Table 1: Correlation between weaning knowledge and practice of mothers**

	Weaning Knowledge	Weaning Practice
Weaning Knowledge	1	.663**
Weaning Practice	.663**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

From the above table it can be understood that there is significant correlation between weaning knowledge and weaning practices of the mothers of infants at 0.01 level of significance. This is because if weaning knowledge is good weaning practice will be better.

**Table 2: Chi-square values between weaning knowledge and personal variables**

Crosstab	Chi-square value	df	Significance level
Weaning Knowledge*Age	7.09	10	Not significant
Weaning Knowledge*Educational Level	6.69	15	Not significant
Weaning Knowledge*Occupation	19.04	10	Significant (at .05 level)
Weaning Knowledge*Monthly Income	21.16	15	Not significant
Weaning Knowledge*Type of Family	2.28	5	Not significant

From the above table it can be comprehended that there is no significant association between weaning knowledge and age, educational level, monthly income and type of family. This could be because age, educational level, monthly income and type of family might not necessarily influence a woman's knowledge on weaning. But there is significant association between weaning knowledge and occupation at 0.05 level of significance.

**Table 3: Chi-square values between weaning practice and personal variables**

Crosstab	Chi-square value	df	Significance level
Weaning Practice*Age	9.78	16	Not significant
Weaning Practice*Educational Level	44.70	24	Significant (at .05 level)
Weaning Practice*Occupation	22.36	16	Not significant
Weaning Practice*Monthly Income	46.19	24	Significant (at .05 level)
Weaning Practice*Type of Family	4.87	8	Not significant

From the above table it can be understood that there is no significant association between weaning practice and age, occupation and type of family. But there is significant association between weaning practice with educational level and monthly income of the family at 0.05 level of significance. It has been found that if mothers are more aware about weaning process and have proper weaning knowledge their weaning practice is better. Studies of Katti et al (2016) showed there is association between the socio-demographic variables of subjects and level of knowledge regarding weaning diet at 0.05 level of significance.

## 7. CONCLUSION

It conclusion it can be said that infants at large are exposed to health risks irrespective of their mother's weaning knowledge, age, educational level, occupation, monthly income and family type until all the mothers are particularly educated on weaning before their children attain the age of 6 months. In the present study, initiation of complementary feeding at the recommended time of six months was seen in the majority of children. However the quantity of complementary feeding was insufficient. Advice about breast feeding and complementary feeding during antenatal check-ups and postnatal visits might improve feeding practices. There is a need for health care system interventions, family interventions, and public health education campaigns to promote optimal breast feeding practices, especially in less educated women.

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