

Awareness and Practices Regarding Weaning among the Mothers Having Young Children Attending a Children's Hospital, Kathmandu

Kamala Uprety, MN
Maharajung Nursing Campus

Abstract

The objective of the study was to identify the awareness and practice regarding weaning among the mothers having young children attending OPD in Kanti Children Hospital, Kathmandu. A descriptive research design was adopted and 200 mothers's who have children between 6-24 months of age willing to participate in the study were interviewed by taking informed consent.

Study finding revealed that majority (80%) of the respondents heard about the term weaning food. Among them only 60% were aware about the term weaning food means giving additional food along with breast milk to baby at the age of 5-6 months.

Similarly in regard to practice, majority (80%) respondents were breast feeding their child and 38% mothers practiced to give cow/buffalo milk to feed their baby prior to weaning. Most (70%) of the respondents mentioned that they used to celebrate weaning ceremony (pasni), among them 50% said that the time of celebrating weaning ceremony was between 5- to 6 months and 40% had started before 5 months of age.

Introduction

Weaning means an introduction of solid feeding and the gradual replacement of milk by solid food as a main source of nutrition. Adequate nutrition and health during first year of life is fundamental to the attainment of the millennium development goal for child survival and the prevention of malnutrition. (Ghai, 2004).

Adequate nutrition through appropriate infant and young child feeding during infancy and early childhood is fundamental to the

development of each child. Exclusive breast feeding for the first six months of life with early initiation and continuation of breast feeding for two years or more together with nutritionally adequate, safe, age appropriate complementary feeding starting at six months (WHO, 2003). Proper feeding of infant and young child is of importance for healthy growth and development, health and nutrition. Out of 149 million malnourished under five children worldwide two thirds are in South East Asia revealing that inappropriate feeding of infants and young children is still prevalent. There is considerable variation among and within the countries with respect to initiation of complementary feeding for example age of initiation of feeding is 4-9 months in Maldives, 2-4 months in Thailand, 3-8 months in India, 5-6 months in Nepal and 4-6 months in Srilanka respectively. These data indicate that the complementary feeding is introduced either too early or too late in many of the South -East Asian countries (WHO, 2002).

A study done on children under one year of age in a low socio-economic peri-urban area in Karanchi, Pakistan found that 60% infants were receiving semi-solid (weaning food) in addition to breast milk. Among them, 25% infant received weaning at the recommended age (between 4-6 months), 29% infants received weaning delayed than recommended age and 6% infant weaned too early than recommended age. Even if weaning was started at the correct age, several problems were noted due to inadequate knowledge regarding type of food, frequency of feeding, excessive use of commercial foods which were not ideal for adequate growth and development of an infant (Shamim, 2005).

A study done in Pokhara municipality found

that 40% mothers had started complementary feeding before the recommended age of 6 months and 22.5% mothers had started complementary feeding beyond the recommended age by WHO with highest age was 15 months. Common food items given during complementary feeding was buffalo milk after dilution (Subba et al, 2007).

Methodology

Descriptive design was used to assess the awareness and practice of mothers regarding weaning. The study area was Medical and Surgical out Patient Department of Kanti Children Hospital Kathmandu and duration of study was from 2067 Jestha to 2067 Bhadra. A total 200 mothers of young children (i.e. Children aged 6-24 months) attending OPD of Kanti Children Hospital were included in study and sample were selected by using non probability purposive sampling technique. Data was collected by interviewing individual mothers after taking informed consent from

them. Data were analyzed by using frequency, and percentage.

Findings

Socio- demographic characteristics: Almost half of the mother (48%) of the mother belonged to Brahmin /Chhetri ethnicity, 40% were between the age group of 20 – 24 years, and majority (60%) of them were from nuclear family. Regarding the education, about one third (30%) of the mothers had higher level education (12 pass) and 68% were housewife. In regard to income status of family, majority (54%) of family had monthly income of 5000 to 10000 rupees.

Regarding the number of children, majority (86%) of the mother had two children. Among them 54% children were from age group of between 12-24 months and 46% were male.

Table 1:Socio- Demographic Characteristics of Mothers n=200

Variables	Percentage	Variables	Percentage
Ethnicity		Family Structure	
Brahmin/Chhetri	48	Nuclear	60.0
Newar	20	Joint	30.0
Gurung/Magar	5	Extended	10.0
Others	27		
Age Group	40	Number of Children	
20-24 years	35	Up to 2	86.0
25-29 years	20	3or more than 3	14.0
30-35 years	5		
Above 35 years		Income Status of Family	
Education		Less than Rs. 4000/m	25
Illiterate	0	Rs.5000-1 0000/m	54
Just literate	5	Rs. More than 1 0000/m	21
Primary(1-8 level)	25		
Secondary(8-12 level)	40		
Higher level(>12)	30		
Occupation			
Housewife	68		
Service	2		
Business	10		
Others	20		

Awareness related to weaning food: majority (80%) of the respondents heard about the term weaning food. Among them only 60% were aware about the term weaning food means giving additional food with breast milk to baby at the age of 5-6 months, among them, 40% received the information from health workers, another 40% received information from radio and TV. In regard to reason for giving weaning food, 40% respondents mentioned that breast milk is decreased after 5-6 months of age, 30% mentioned that to keep baby healthy, 20% mentioned that due to cultural practices and 10%

were said that due to work load of mother . Majority (40) % of the respondent were aware about sarbottam pitho as food item given during weaning and also know the method of preparation in the home but they were not aware about introduction methods of sarbottom pitho. Nearly same percentage were mentioned that jaulo as food item given during weaning.

Few percentage of the respondents mentioned that child may develop different kinds of health problems such as diarrhoea, allergy and refuse to food during weaning.

Table 2: Mother's Awareness regarding Weaning

Variables	Frequency	Percentage
Awareness about the term Weaning (n=200)		
Yes	160	80.0
No	40	20.0
If yes, Source of information(n=160)	80	40.0
Health workers	80	40.0
Radio and TV	20	10.0
Friends	10	5.0
Neighbours	10	5.0
Poster and Pamphlet		
Reason for giving weaning food		
Cultural Practices	40	20.0
Decreased breast milk after 5-6 months of age	80	40.0
Need for keep baby healthy	60	30.0
Work load of mother	20	10.0
Awareness about food item during weaning		
Jaulo	80	40.0
Sarbottom pitho	80	40.0
Rice	10	5.0
Daal	10	5.0
Others(Bitten rice, fruits)	20	10.0

Practice related to weaning food: Majority (80%) respondents were breast feeding their child and 38% mothers practiced to give cow/ buffalo milk to feed their baby prior to weaning. Majority (70%) of the respondents mentioned that they used to celebrate weaning ceremony (pasni), among them 50% said that the age of celebrating weaning ceremony was between 5 to 6 months and 40% had started before 5 months of age. WHO perspective for health and development, 2002 found considerable variation among and within the countries with respect to initiation of complementary feeding for example age of initiation of complementary feeding in Nepal was 5-6 months. Similar result was found in my study that is around 50% respondent celebrated weaning ceremony of their baby at the age of 5-6months. Practices on type of foods given during weaning, most (68%) of the respondents gave rice/ jauilo during weaning and only 32% respondents practiced one food at a time while weaning .

Table 3: Mother’s Practices regarding Weaning (Breast Feeding Practices)

Breast Feeding Practices at present	Frequency	Percentage
Yes	160	80.0
No	40	20.0
Total	200	100.0

Table 4: Mother’s Practices regarding Celebrating Weaning Ceremony (Pasni)

Variables	Frequency	Percentage
Celebrating Weaning Ceremony(Pasni)		
Yes	140	70.0
No	60	30.0
Total	200	100.00

Among the yes respondents, age of celebration of Pasni (n=140)

Before 5 months	56	40.0
Between 5-6 months	70	50.0
Between 6-7months	8	5.7
Between 7-8months	3	2.1
After 8months	3	2.1
Total	140	100

Discussion

Awareness related to weaning food:

Majority (80%) of the respondents heard about the term weaning food. Among them only 60% were aware about the term weaning food means giving additional food with breast milk to baby at the age of 5-6 months. A study was conducted by Chatterjee and Saha (2008) on knowledge and practice of mothers regarding infant feeding and nutritional status of under –five children attending the immunization clinic at medical college and hospital ,Kolkata also found the similar result that was 52.73% mothers had correct knowledge about age of weaning. Regarding the importance of weaning food, 40% of the mother stated that breast milk is not sufficient after 5-6 months of age for proper growth and development of baby .Somewhat similar result was found on a study conducted by Bharati (2003) in which 56% of the respondent mentioned that purpose of giving weaning food was due to insufficiency of breast milk alone for babies growth and development.

Regarding health problems related to weaning, even if weaning was started at the correct age, several problems were noted due to inadequate knowledge regarding type of food, frequency of feeding, excessive use of commercial foods which were not ideal for adequate growth and development of an infant (Shamim, 2005). Similar result was found in this study that despite of introducing weaning in correct time

child may develop different kinds of health problems such as diarrhoea, allergy and refuse to food during weaning.

In reference with the practice, 80% of the respondents were breast feeding their child and 38% mothers practiced to give mixed feeding (breast feeding +cow/buffalo milk) to feed their baby prior to weaning. This findings has consistency with result found on study done by Baturin (2003) in Jordan where the rate of mixed feeding practice was 30% prior to WHO recommended age of weaning. For the celebration of weaning ceremony, majority (70%) of the respondents mentioned that they used to celebrate weaning ceremony (pasni), among them 50% said that the age of celebrating weaning ceremony was between 5 to 6 months of age. WHO perspective for health and development, 2002 found considerable variation among and within the countries with respect to initiation of complementary feeding for example age of initiation of complementary feeding in Nepal was 5-6 months. The findings of this study are exactly in line with the findings outline in

WHO (2002).

Conclusion

This study revealed that although the mothers were aware regarding weaning foods, they did not implement it in practice. So it is concluded that awareness only may not be sufficient to make child healthful.

References

- Shamim S. (2005). Weaning practice in peri-urban low socio-economic groups: *Journal of College of Physician and Surgeons Pakistan* 2005, 15 (3): 129-132.
- Subba, S. H. et al (2007) .Infant feeding of mothers in an urban area of Nepal: *Kathmandu University Medical Journal* (17), 42-47.
- WHO Perspective for Health and Development* 2002. Geneva: World Health Assembly.
- World Health Organization (2003). *WHO Global Strategy for Infant and Young Child feeding* 2003. Geneva.