Weaning Practices among Mothers in Selected Hospitals in Mangalore

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Health is one of the most difficult terms to define. In the context of children, it may mean freedom from any sickness or disease, while to some it may mean harmonious functioning of all body systems. The first year of life is crucial in laying the foundation for good health.

According to a UNICEF report, of all the deaths of children under 5 years in India, a large number are of children who die in their first month of life.

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.

The weaning should be timely, meaning that all infants should start receiving foods in addition to breast milk after six months; it should be adequate, meaning that the nutritional value of weaning foods should be parallel, at least to that of breast milk; food should be prepared and given in a safe manner so that the risk of contamination with pathogens in minimal and the foods are of appropriate texture and given in sufficient quantity.

The adequacy of weaning food not only depends on the availability of a variety of food in the household, but also on the feeding practices of caregivers. The mothers can prepare a variety of food with different combination of ingredients like rice, maize, grams, groundnut, wheat etc. as it takes 10-15 days for a child to get used to the food; any addition should be tried only after such a gap. Weaning patterns vary widely from one culture to another. Different methods used to wean affect the amount of food that child ingests and pathogen to which it is exposed. Lack of basic knowledge regarding nutritional needs of infants and child rearing is a universal problem in India and there is much evidence today to suggest that infant mortality rate can be brought down by making all mothers aware of the nutritional needs of infants and child rearing.

This study sought to determine the weaning practices among the mothers of infants in selected hospitals in Mangalore; identify the reasons related to early and late weaning practices among mothers; and find the association between the weaning practices and demographic variables.

Research Hypothesis: There will be significant association between the weaning practices and demographic variables at 0.05 level of significance.

Conceptual Framework: Conceptual framework for this study is based on Backer MH’s Health Belief Model (1975). This model addresses the relationship between a person’s belief and behaviours. It provides a way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies.

Proponents of the health belief model commented that mothers will take action to avoid disease condition and these actions will be modified by:
- A sense of personal susceptibility to disease condition,
- Perceived severity of disease,
- Cues to action,
- Perceived benefits of preventive health actions and behaviours, and
- Perceived barrier to take action to prevent disease and its complication.

Methodology: A descriptive survey approach, which is explorative in nature was adopted for the study. The setting of the study was paediatric OPDs of AJ Hospital and Research Centre and OPDs of Vishal Children’s & Maternity Hospital, Mangalore. By using purposive sampling technique, samples of 104 mothers of infants in the age group of six to 12 months were selected, when they visited the OPDs of the two hospitals for various reasons.

Based on objectives and conceptual framework, semi-structured Interview Schedule

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(SSIS) namely ‘Weaning Practices Assessment Tool’ was developed. The validity and reliability was found by using the split-half method. Spearman Brown prophecy formula was used for correction and the correlation co-efficient. The tool was administered to the mothers after obtaining their informed consent; the responses were collected and analysis by using descriptive and inferential statistics.

Findings of the Study
The highest percentage (75.96%) of mothers were in the age group of 21-30 years, majority (71.16%) of mothers had primary school education, and the majority (60.58%) of mothers belonged to Hindu religion.

Among the children, 62.50 percent were male; majority (51.92%) children were from the age-group of 6-8 months. The highest (57.70%) number of children were the only child in the family.

Highest percentage (72.12%) of the mothers had the knowledge that weaning should be started before six months.

Majority (56.73%) of mothers started weaning with liquid diet which was fruit juice among 33.65 percent of mothers whereas 43.27 percent of mothers started with ragi porridge.

Hygienic practices was found good as 100 percent mothers were following hygienic practices as washing hands with soap and water before feeding, using cleaned and boiled utensils exclusively meant for the child.

When the weaning was introduced, 77.89 percent of mothers reported that the child refused to eat.

Among the total samples of mothers, 75 mothers reported that they started weaning early to the child whereas 6 mothers reported late weaning. Over two-third (64%) of mothers reported that due to inadequate breast milk, they started weaning early, whereas out of 6 mothers, about a third (33.33%) reported that due to refusal to eat by the child, they started weaning late.

The chi square test was computed to determine the association. The educational status of the mothers, occupation of mothers, number of children and birth order of child in the family had an association with weaning practices at 0.05 level of significance.

Conclusion

The SSIS was found to be effective as the data required was concerned with practices and knowledge regarding weaning; a face to face interview was the most suited for the study.

The research hypothesis (H1) was accepted, as educational status of the mothers, occupation of mothers, number of children and birth order of child in the family had an association with weaning practices.

The mothers of infants were following different weaning practices. Majority of mothers started weaning the child before six months with fruit juice. Good hygienic practices were followed by the mothers during weaning.

Implications
Findings of the study imply that since weaning is a vital concern, mothers should be educated, and the nurse educator should educate the peripheral level health workers regarding weaning. The nurse administrator should take the major role in nutritional policy making role and should modify the programme which suits the needs of the mothers.

Recommendations
A similar study may be replicated on a large sample covering an entire village and a large segment of urban community. An evaluative study may be conducted to investigate the effect of the nutritional education programme on knowledge, weaning beliefs and practices of rural and rural mothers.

References
3. WHO care giver feeding behaviour; complement feeding of young children in developing countries. AMJ Nutri, 2001