Knowledge Regarding Weaning among Mothers of Infants in Selected Hospital of Jalalabad, Fazilka: A Descriptive Study

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ABSTRACT

Children are precious possession of the family, community, and country. A child is precious and beautiful source of joy and happiness focus of love and care subject of dreams for the future. Children represent the wealth of the country; the child's health is the corner stone of the national progress. Adequate nutrition during infancy is vital to a healthy start in life. As per the guidelines of WHO, Infant and Young Child Feeding (IYCF) an infant should be breastfeed for the first six months of birth and thereafter semisolid and solid food need to be introduced soon while breastfeeding. (Miss Rakhi, 2023)¹

The human milk alone, even in reasonable quantities cannot provide all the energy and protein required for maintaining an adequate velocity of growth for infant, after the age 6month.adequate nutrition is essential to maintain optimal health of baby at the of 6 month as in first year of life infant undergone rapid growth and development, where good nutrition is essential. There is no right age when a baby should be weaned. Weaning too early may cause baby at higher risk of developing disorder and adverse reaction and allergy to certain foods. On the other hand, weaning too late may deprive adequate nutrition and can result in improper growth and development. The introduction of solid food to infants' diets, known as complementary feeding, is a significant milestone that has nutritional, developmental

How to cite this paper: Dr. Parminder Kaur "Knowledge Regarding Weaning among Mothers of Infants in Selected Hospital of Jalalabad, Fazilka: A

Descriptive Study"
Published in
International Journal
of Trend in
Scientific Research
and Development
(ijtsrd), ISSN: 24566470, Volume-9



Issue-2, April 2025, pp.601-605, URL: www.ijtsrd.com/papers/ijtsrd78431.pdf

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and health implications. This period, known as "weaning" in the United Kingdom (UK), should ideally provide a gradual transition from a solely milk-based diet to a mixed diet based on family foods. Complementary feeding enables infants to meet their nutritional requirements and regulate their appetite, whilst becoming exposed to new tastes and textures in a staged and progressive manner. The World Health Organization (WHO) recommends exclusive breastfeeding until six months, with introduction of solid food at six months.

So, a quantitative descriptive research approach and design was used to assess the level of knowledge regarding weaning among mothers. A total sample of 100 mothers was taken through purposive sampling technique. Self-structured questionnaire was used for collection of data. Data collected is analyzed with descriptive and inferential statistics.

Conclusion: Findings of the study revealed that out of 100 mothers, 1% mothers had good level of knowledge, 33% had average level of knowledge and 66% had below average level of knowledge. Study concluded that most of the mothers had below average level of knowledge.

KEYWORDS: Descriptive, knowledge, weaning, mother, infants

INTRODUCTION

Children are precious possession of the family, community, and country. A child is precious and beautiful source of joy and happiness focus of love and care subject of dreams for the future. Children represent the wealth of the country; the child's health is the corner stone of the national progress. Adequate nutrition during infancy is vital to a healthy start in life. As per the guidelines of WHO, Infant and Young

Child Feeding (IYCF) an infant should be breastfeed for the first six months of birth and thereafter semisolid and solid food need to be introduced soon while breastfeeding. (WHO,2010).(Miss Rakhi, 2023)¹

The human milk alone, even in reasonable quantities, cannot provide all the energy and protein required for maintaining an adequate velocity of growth for infant,

after the age 6 months. Adequate nutrition is essential to maintain optimal health of baby at the age of 6 months as in first year of life infant undergo rapid growth and development, where good nutrition is essential. (Deepali Ambike, 2016)²

The origins of the word 'weaning' are traceable to the Anglo Saxon expression "wenian" meaning "to become accustomed to something different" (B.Toller 2021)³. The very first introduction of foods other than breast milk is, by definition, the true beginning of weaning (B. Grueger,2013)⁴. The World Health Organization (WHO) defines Weaning as Complementary feeding, beginning when breast milk alone is insufficient to meet new born 'nutritional needs and additional foods and liquids are needed in addition to breast milk. (Ms Rakhi,2023)¹

The introduction of solid food to infants' diets, known as complementary feeding, is a significant milestone that has nutritional, developmental and health implications. This period, known as "weaning" in the United Kingdom (UK), should ideally provide a gradual transition from a solely milk-based diet to a mixed diet based on family foods. The World Health (WHO) recommends Organization breastfeeding until six months, with introduction of solid food at six months. In the UK this advice has been adapted slightly with recommendations stating that introduction of solid food should take place at around six months, with the caveat that solid foods should never be given to babies under 17 weeks old. (Kate Maslin, 2018)⁵

Weaning has been one of the most wrongly practiced processes in the developmental stages of the children. It was observed that mothers give their infant other food apart from breast milk before the first six months of life which produces a negative effect on the infants health and wellbeing. Gradual weaning is recommended during the period from 6 months to 2 years which allows for the child to still receive the

benefits from breastfeeding, while also consuming the necessary nutrients from the complementary foods. (Aina Folasade, 2017)⁶

MATERIALS AND METHODS

Study area: The present study was conducted in civil hospital of Jalalabad, Fazilka, Punjab (2023).

Sampling and sample size: Purposive sampling technique was used to select the sample. The total sample size was 100 mothers.

Description of Research Tool: The tool consisted of two parts:

Tool 1:- Socio-Demographic profile of mother

It included 8 items that were: Age of mother, educational status of mother, religion of mother, occupation of mother, monthly income of mother, age of child, gender of mother, order of birth of child.

Tool 2:- Structured Interview schedule regarding knowledge of weaning

This tool had 20 multiple choice questions to assess the knowledge of Mothers regarding weaning. Questions related to definition of weaning, age of weaning started, duration, purpose of weaning, type of food, frequency, qualities of weaning food, weaning practices, weaning hygiene and storage.

Data collection and analysis: Data collection was done on knowledge regarding weaning among mothers of infants using structures interview schedule. Prior to study, written permission was taken from the Senior Medical Officer, Civil Hospital, Jalalabad for data collection. Nature and purpose of the study was explained to SMO. Verbal consent was also taken from mothers of infants. Structured interview schedule was used to collect data from mothers of infants. Time taken for the structured interview from one mother of infant was approximately 30-45 minutes. Analysis was done to assess frequency distribution and level of knowledge of mothers of infants regarding weaning.

RESULTS

1. Sample Characteristics:

Frequency and Percentage distribution of sample characteristics N=100

Sr. No.	Demographic Variables	Frequency (N)	Percentage (%)
1	Age of Mother		
	≤ 20	0	0
	21-30	78	78
	31-40	20	20
	≥41	2	2
2	Educational Status		
	Uneducated	7	7
	Primary Education	34	34
	Secondary Education	33	33
	Graduation	26	26

3	Religion		
	Sikh	71	71
	Hindu	28	28
	Muslim	0	0
	Christian	1	1
4	4 Occupational Status of Mother		
	Self Employment	13	13
	Private Employee	4	4
	Govt. Employee	6	6
	Housewife	77	77
5	Income of Family/Month (IN Rs.)		
	≤5000	27	27
	5001-15000	52	52
	15001-25000	8	8
	≥25000	13	13
6	Type of Family		
	Joint Family	62	62
	Nuclear Family	38	38
7	Age of child (IN MONTHS)		
	1—3	38	38
	6—4 Scienti	22	22
	8—12	40	40
8	Gender of Child		
	Male A S I ITSRI	55.	55
	Female	45	45
9	Order of Birth of Child	burnal	
	First of Trend in Sci	entific 57 5	57
	Second Research a	nd 32 💆	32
	Third Developme	nt 10 8	7
	Fourth and above	70 45 8	4

Table 1 represents the frequency and percentage distribution of mothers of infants as per their sample characteristics.

The data presented in table indicates that highest percentage (78%) of mothers were in the age group of 21-30 years where at least (0%) were in the age group of <20 years. Majority (34%) of the mothers had Primary School Education whereas lowest percentages (7%) were uneducated mothers. Majorities (71%) of mothers were Sikh whereas few (1%) were Christians. Majority of mothers (77%) who participated in the study were housewives and the lowest percentage (6%) was government employees. Majority of the mothers (52%) had a family income of Rs. 5001-15000 whereas (8%) had less than 15001-25000. The data on type of family shows (62%) were from joint family while the rest (38%) were from nuclear family. The data in the table shows majority (40%) of the children belonged to the age group 8-12 months whereas least (22%) belonged to the age group of 6-4 months. The data on type of Gender shows that (55%) were male child while the rest (45%) were female. Highest percentages (57%) of children were first born and (4%) belonged to the birth order of fourth and above.

2. Knowledge regarding weaning among mothers of infants:

Table 2:Frequency and Percentage distribution of mothers of infants according to their level of knowledge regarding weaning.

N=100

	-,				
	Level of Knowledge	Knowledge Score	Frequency (Percentage %)	Mean	Standard Deviation
	Good	>15	1 (1%)	15	0
	Average	10-15	33 (33%)	11.12	0.99
	Below Average	<10	66 (66%)	6.96	1.87

Max. Score = 20 Min. Score = 0 **Table 2** and **Fig. No. 1** depicts frequency and percentage distribution of mothers of infant according to level of knowledge regarding weaning it shows majority of subject (66%) had below average knowledge regarding weaning followed by average knowledge (33%) and good knowledge (1%).

Hence, it is concluded that maximum number of mothers of infants had below average level of knowledge regarding weaning.

DISCUSSION

The findings depict that maximum mothers (66%) had below average level of knowledge regarding weaning with mean score of 6.96. Similar findings were reported by **Musalli Ali Al-Gashanin and Eisa Yazeed Ghazwani** (2021)⁷ According to their study having weaning symptoms was also associated with poorer weaning knowledge (OR 0.5869, p 0.0260). Seeking weaning advice from other mothers led to far poorer knowledge score (OR 0.4750, p 0.0226) as feeding babies under 4 times daily (OR 0.2742, p 0.0008).

Similarly a study conducted **Naho Edgie, et al** (2018)⁸ by also shows the above findings. As per this study, majority 27 (90.00%) of under-five children's mothers have poor knowledge on weaning, 3 (10.00%) have average knowledge and no have good and excellent knowledge.

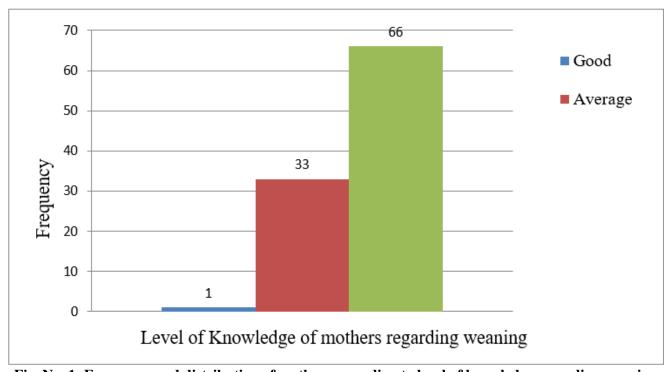


Fig. No. 1: Frequency and distribution of mothers according to level of knowledge regarding weaning

CONCLUSION

Assessing knowledge on weaning among mothers of infants is quite effective if done in a well organized and scientific way. It creates an increased awareness among them, which can empower them to take care of their own health as well as protect their infants from nutritional deficiencies. As the findings reveal that majority of mothers have below average knowledge regarding weaning, an integrated and collective approach by teachers, nurses, health personnel, parent and Govt. should be carried out for a holistic development of mother's as well as infant's health. It ensures a sound mind in a sound body which can enable the individual having a safe mother hood in future.

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