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STUDY OF INFANT WEANING PRACTICES IN A TERTIARY CARE HOSPITAL

Paediatrics

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ABSTRACT

Background: Complementary feeding is extremely essential from six months of age, while continuing breastfeeding, to meet the nutritional demands of the growing baby. Hence this study was intended to determine various factors influencing weaning in infants.

Objectives:

1. To study weaning practices in infants of age between six to twelve months. To know the status of nutrition of the child in relation to weaning practices and socio-demographic profile.
2. To know the age of weaning and its impact on a child's growth.

Materials and methods: Data was collected using a self-administered, semi-structured questionnaire with the mothers regarding practices of weaning.200 mothers were interviewed with infants, 6-12 months of age attending OPD in Narayana medical college and hospital, Nellore, Andhra Pradesh. Participants: Mothers with infants of age 6 months to 12 months who were attending OPD for minor illness or immunisation. **Results:** Among 200 mothers, practices of weaning were evaluated. seven months is the average age of weaning. Only a small number of health professionals had accurate information. 40% of mothers started on processed foods. Weaning is more likely to occur later in female children, mothers who lack literacy, people from lower socioeconomic status. There is no relationship between parity, occupation and residence($p>0.05$). Children that were underweight, stunted, or wasted made up 46.7%, 43.4%, and 36.6% of the population. There is a strong correlation between a child's malnutrition and delayed weaning. **Conclusions:** Most of the mothers were unaware of current standards regarding weaning time. Due to incorrect knowledge, wrong ideas and attitudes, illiteracy, low socioeconomic position, the average age of weaning is delayed, which causes the infant to become malnourished. Therefore, in order to prevent malnutrition and enhance the health of the children, proper information and education about timely weaning, weaning foods, preparation, and practices should be provided to mothers and caregivers.

KEYWORDS

Attitude; Practices; Complementary feeding; Mothers knowledge; Malnutrition.

INTRODUCTION:

Weaning is described as "the systematic course of introducing acceptable food at the proper time in addition to the mother's milk in order to supply essential nutrition to the baby". Weaning is also referred to as "the transition from exclusive breastfeeding to complementary feeding".[1]

It does not indicate that total breast feeding will be completely stopped, but rather that other feeds will be introduced.[2]As the breast milk of mother is no longer adequate in fulfilling the dietary requirements of the baby, the course of initiating semisolid or solid foods is referred to as complementary feeding. This occurs when the nutritional requirements of the baby could not encounter with breast milk alone. Weaning is a vital procedure that should take place at an appropriate age in every infant since it has an effect over the child's future health, growth & development.[3]

The beginning of journey of child in establishing some degree of independence also coincides with the commencement of weaning. Foods that are introduced during weaning should meet all of the following criteria: they should be nutritionally sufficient, of an acceptable consistency, provided in an adequate amount and should be hygienic. The amount of additional food that must be consumed to fulfil an infant's "average" energy requirements in developing countries are nearly 200 kcal per day among the ages of 6 & 8 months, 300 kcal per day among the ages of 9 & 11 months, as well as 550 kcal per day among the ages of 12 and 23 months.[9] Weaning should begin at six months of age, as suggested by World Health Organization (WHO) & breastfeeding should continue for at least two years.[4]

Improper breast feeding and weaning or complementary feeding, together with a higher prevalence of contagious illnesses, are the primary proximal causes for the malnutrition in infants and young children in the first two years life.[5] As of this, it is utmost importance to make certain that mothers and other caregivers are given with adequate instructions about the most effective methods of feeding in infants & young children.

AIMS AND OBJECTIVES:

1. To know the association of weaning practices with socio-demographic factors.
2. To evaluate the status of nutrition of the child in relation to weaning practices.

METHODOLOGY:

The mothers of children of aged 6-12 months, who visited Narayana medical college & general hospital in Nellore district, Andhra Pradesh, for immunization or minor illness were selected based on convenience. After receiving informed consent, mothers who were willing for participation in this particular study were interviewed for the collection of data.

Inclusion Criteria:

Mothers with infants of age 6-12 months, willing to participate in present study who were coming for minor illness or immunization OPD.

Exclusion Criteria:

1. The mothers with infants who were younger than six months & also older than twelve months of age.
2. All children with known reason for failure to thrive.
3. Top fed babies since birth were excluded.

Statistical Analysis:

The data was collected and analysed using version 26 of the SPSS statistical software. We determined the range, mean, frequency, percentages & standard deviation. p value was computed.

RESULTS

Based upon semi structured questionnaire, self- administered, pre-designed, 200 mothers of children aged between six to twelve months visiting paediatrics OPD for vaccination or for minor illness in our hospital were interviewed.

58.5% were males, remaining 41.5% were females.35.5% of them began weaning at 6 months, followed by 19.0% at 10-12 months, 16.5% at 7-8 months, 13.9% at 5 months, 9% at 4th month and 6.0% began weaning at 9-10 months. Among 200 mothers, 63.5% were

literates and 36.5% were illiterates.58.5% of mothers were housewife's,41.5% were working mothers,50.5% were rural location and 49.5% were from urban location.

42.5% of the mothers started their weaning with previous experience, 24.5% started weaning on obtaining information among family members and friends,17.5% by reading newspapers, watching media and 14% started weaning by obtaining advice from health personal.

The majority of mothers began weaning due to insufficient milk, few mothers began weaning because they thought that their child required other than milk, and some mothers began weaning because their child had been ill & hesitating to drink milk. The common reason for delayed weaning is vomited or spat up weaning foods.

Table: Nutritional status of infants in relation to age of weaning

Age of weaning (months)	Weight for Age	Length for Age	Weight for Length
	Underweight %	Stunted %	Wasted %
< 6	11.8	20.2	18.2
6	15.9	14.0	17.4
7 – 8	22.9	23.9	18.0
9 – 12	46.7	43.4	36.6

60% started weaning with homemade foods(rice ganji, ragi gangi most prevalent followed by biscuits, fruits, dhal, cow's milk) & 40% started giving commercial food preparations such as cerelac. In males weaning was started early compared to females. Mother's education has a significant relationship with age of weaning, literate mothers tend to wean at 6 months of age. No significant association was observed between mother's occupation-age of weaning, residence-age of weaning, age of weaning-parity of mother.

DISCUSSION:

Nearly, 200 mothers of children who were 6-12 months of age, evaluated regarding weaning practices. In this research, seven months remained the average weaning knowledge age that has been older than the 6 months of suggested age.

Therefore, there was a shortage and inadequacy of information about timely weaning, feeding methods, suggestions, and guidelines. Mothers were unaware of the health risks linked with delayed weaning. Comparable findings were yielded by the studies by Anju Aggarwal et al. and Frazeir et al.[7] Not understanding when to begin weaning, pervasive misconceptions, habits, and incorrect ideas in the community were the primary causes of delayed weaning. The Delhi research by Anju Aggarwal et al. also indicates that delayed weaning practices are the result of a lack of awareness, norms, and beliefs.[8]

This knowledge will aid in the formulation of program to enhance feeding behaviours. Only through education can cause erroneous beliefs about feeding habits be dispelled. Therefore, the child's mothers and caretakers are the target group that need to be rendered with accurate information on current standards for weaning or complementary feeding practices.

Table: 2 Comparison of Age of Weaning Started with Malnutrition in Children

Age of weaning	Underweight %	Stunted %	Wasted %
Present study at 6 months	15.9%	14%	17.4%
Present study > 6 months	46.7%	43.4%	36.6%
Dinesh et al study > 6 months (Allahabad)	41.3	56.4	26.1

The leading cause of delayed weaning was a child's refusal or vomiting of weaning foods. Similar explanations for delayed weaning were found in the research by Anju Aggarwal et al.[8] and other investigations. Therefore, mothers should be informed that their infant must acquire a taste for food, and also if they are endeavouring for keeping solid foods on the tongue of child, the child will eventually develop an interest for it and begin swallowing.[6] It is essential that parents should understand that feeding a child is a long process that requires ongoing experimentation and assistance.

In this research, seven months is the average age of weaning or complementary feeding age that has been longer than the recommendation of WHO of 6 months, indicating a delay in weaning.

In the mean age of weaning, the discrepancy may remain attributable for many differences in the level of education, knowledge, attributes, habits and traditions of mothers.

CONCLUSION:

Our research demonstrates that mother's knowledge and actions towards weaning were poor. The vast majority were unaware of the current guidelines. Incorrect weaning information and recommendations are not reaching the intended audience. False ideas, traditions, and the mother's attitude contribute to delay the child's weaning.

The average age of weaning is delayed owing to inaccurate information and refusal of weaning foods. Other characteristics that contribute to delayed weaning include female gender, illiteracy, poor socioeconomic level. The age of weaning is unaffected by the parity, employment, or residence of the mother. There was a clear correlation between delayed weaning and child malnutrition. The most proximal causes of malnutrition in the first two years of life are inadequate breastfeeding and incorrect weaning techniques.

In order to avoid malnutrition and enhance the health status of children, it is crucial that mothers and caregivers should get proper information and instruction about the optimal time for commencing weaning, weaning foods, preparation of foods and practices to prevent malnutrition & to improve health status of children.

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