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Original Research Article

A study on the awareness of the weaning practices and the determinants affecting them in a rural hospital based pediatric outpatient clinic of Maval Taluka, Maharashtra

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ABSTRACT

Background: Malnutrition and micronutrient deficiencies is a very common cause of late weaning and improper weaning practices. There are many factors affecting the weaning practices in developing countries like India which may act as hindrance to the proper weaning methods. The objective of this study was to know the awareness about weaning or complementary feeding practices in the mothers of children attending the pediatric OPD. And to study the various determinants affecting the weaning or Complementary feeding practices in this rural population.
Methods: This study is a cross-sectional study conducted in pediatric immunization outpatient clinic of M.I.M.E.R medical college, Talegaon (D) during the period from May to September 2016.About 300 parents were interviewed with a semi open questionnaire.
Results: Out of total 304 respondents, total unawareness regarding weaning was the reason for not starting complimentary feeding at 6-months in 64 respondents (21.1%). Majority of the respondents (210, 69.1%) revealed that they prefer home based complimentary feeding. A total of 125 respondents (41.1%) admitted that they stopped the feeding in the event of illness.
Conclusions: Incorrect weaning practices, withholding breastfeeding and improper feeding during illnesses are the major deterrents which can hamper proper weaning techniques and are major contributory factors in increasing Malnutrition.

Keywords: Complimentary Feeding, Weaning

INTRODUCTION

The human milk alone, even in reasonable quantities, cannot provide all the energy and protein required for maintaining an adequate velocity of growth for the infant, after the of six month. Adequate nutrition is essential to maintain optimum health of baby at the age of 6 months.[1]

Initiating complementary feeds too early or too late can lead to malnutrition.[2]

The World health organization (WHO) recommends Exclusive breast feeding for the first six month of life, with the addition of complementary feeds at six month with continued breast feeds until at least the age of two.[3] Proper breast feeding and complementary feeding practices can prevent under five mortality by 19%.[4] Knowledge of mother about these factors will help in planning interventions to improve feeding practices .It has been shown in many studies that mothers in India are not able to start complementary feeding at the right time.[5]

The term "to wean" comes from an ancient phrase that means "to accustom to". So weaning refers to the period during which an infant becomes accustomed to food other than milk.[6]

Infants and young children are at an increased risk of malnutrition from six month of age onwards, when breast milk alone is no longer sufficient to meet their entire nutritional requirement and complementary feeding should be started.

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.

METHODS

This study is a cross-sectional study conducted in pediatric immunization clinic of M. I. M. E. R. medical college, Talegaon (D) during the period of May to September 2016. All routine immunization, counselling regarding infant and young child feeding (IYCF), was done on every Tuesday, Thursday and Saturday.

A semi open questionnaire was given to the parents of the children attending the routine well baby clinic. Institutional ethical committee approval was taken. Translation of the questionnaire in the local language was done for easy understanding. All the children were in the age groups from infancy to 15 years. Each interview with parents took about 15 minutes.

In a single day about 8-10 interviews were completed. Hence about 27-30 questionnaires were completed per week and it took about three months to complete 300 subjects. After obtaining informed verbal consent from the parents, information was collected about the immunization status with respect to the newer vaccines, age and doses of vaccination, various socio demographic factors, and reasons for non-immunization of the child. The method used was recall and growth monitoring services are provided in this OPD and it runs on every Tuesday, Thursday and Saturdays of every week method and the vaccination card. The primary respondent was the mother.

If the mother was not available, the next respondent was either the father or any other adult accompanying the child for immunization. The next two months were required for the data compilation on Microsoft excel sheet and statistical analysis. The data on categorical variables is shown as n (% of cases) and the data on continuous variables is presented as Mean and Standard deviation (SD). Being a descriptive, observational and cross-sectional survey based study, comparisons were not tested using any formal statistical tests. The entire data is statistically analyzed using statistical package for social sciences (SPSS ver 17.0, Inc. Chicago, USA) for MS Windows.

RESULTS

Table 1: Age distribution of the children included in the study (n = 304).

Age group (years)	No. of children	% of children
<1 year	34	11.2
1.0 - 4.9 years	201	66.1
5.0 - 9.9 years	51	16.8
10.0 - 14 .9 years	18	5.9
Total	**304**	**100.0**

Values are n (% of children).

Of 304 respondents included in the study, 34 (11.2%) respondents had their child's age below 1 year, 201 (66.1%) had it between 1.0 - 4.9 years, 51 (16.8%) had it between 5.0 - 9.9 years and only 18 (5.9%) had it between 10.0 - 14.9 years.

Table 2: Sex distribution of the children included in the study (n = 304).

Sex	No. of children	% of children
Male	167	54.9
Female	137	45.1
Total	**304**	**100.0**

Values are n (% of children).

Of 304 respondents, 167 (54.9%) respondents had male child and 137 (45.1%) had female child. The male to female sex ratio in the study being 1.22 : 1.00.

Table 3: Distribution of parents according to socio-economic status (Kuppuswamy scale) (n = 304).

Socio-economic status	No. of parents	% of parents
Class I	12	3.9
Class II	72	23.7
Class III	171	56.3
Class IV	49	16.1
Total	**304**	**100.0**

Values are n (% of respondents).

Of 304 respondents included in the study, 12 (3.9%) respondents had class I socio-economic status (Kuppuswamy scale) and 72 (23.7%) had class II, 171 (56.3%) had class III and 49 (16.1%) had class IV socio-economic status.

DISCUSSION

Initiation of complementary feeding at the right time is a vital point in IYCF practices and faulty practices is the main cause of malnutrition. In the current study, although the majority of children (86.2%) had started weaning at

the proper time, 21.1% of the respondents were totally unaware of the weaning practices and the exact time to start feeding which was quite disturbing and similar to the Uttarakhand study by Vyas et al.[5]

A total of 41.1 % admitted that they had stopped weaning at the time of illnesses in the children which was alarming and would further affect their immunity status.

Table 6: Distribution of the responses regarding Weaning (n = 304).

Status	Response	No. of parents (n = 304)	% of parents
Complementary feed started	Yes	298	98.0
	No	6	2.0
Age at which weaning started	Not applicable	6	2.0
	<6-Months	24	7.9
	6 - 12 Months	262	86.2
	>12 Months	12	3.9
Reason for not starting complimentary feed at 6-months	Not applicable	156	51.3
	Baby refused	68	22.4
	Social cause	16	5.3
	Unawareness	64	21.1
Age at which complimentary feed started to the siblings	Not applicable	124	40.8
	<6-Months	10	3.3
	6 - 12 Months	170	55.9
Type of complimentary feed given	Not applicable	6	2.0
	Home based	210	69.1
	Market made mixture	88	28.9
Complementary feeding discontinued in the event of illness	Not applicable	6	2.0
	Yes	125	41.1
	No	173	56.9
Frequency of breast feeding reduced	No	117	38.5
	Yes	169	55.6
	Stopped	18	5.9
Source of information reading awareness of complimentary feed	Social worker	38	12.5
	Doctor	174	57.2
	Family member	92	30.3

Values are n (% of respondents).

Delayed weaning was observed in only 2% of our respondents which was satisfying but contradictory to the studies conducted by others in Lahore and Bangladesh.[6,7] Also the age at which the weaning was started in their other children was also at the proper time in majority of the parents.

Frequency of breast feeding was reduced in nearly half of the children by the mothers after weaning was started which could be attributed to working mothers and also reduction in the milk secretion. Gender discrimination was not found to have a significant association with time of starting weaning. Home based weaning food was preferred more over the market formulas in our study which is similar to the Lahore study.[6]

The sources of information regarding weaning varied from family members (30.3%), doctors (57.2%) and social workers (12.5%) respectively.

Limitations of this study were hospital based cross-sectional study conducted on only the parents attending the well-baby clinic of our hospital. A community based study would provide us a better estimate of the coverage.

Recommendations

We need to implement and emphasize the importance of proper weaning methods along with the Immunization and breast feeding importance in the general community. This needs the help of the government Organizations and health education programs to be executed in the community.

CONCLUSION

Mothers of this community are aware of the right timing to start weaning and have done it for the other children also in the household. However the incorrect weaning practices, withholding breastfeeding and improper

feeding during illnesses are the major deterrents which hampered proper weaning techniques.

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