

# Study of weaning practices in rural area of Latur

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## Abstract

We know that large number of children in both wealthy and poverty stricken region suffer malnutrition. Optimal infant and young child feeding is an evidence based measure for improving child nutrition and child survival. According to the World Health Organization (WHO), Ninety nine per cent of all under-five deaths occur in developing countries. Most common causes of deaths are due to malnutrition, pneumonia, diarrhoea, malaria. So weaning at proper time and with proper food is very important for growth of child. **Aim** -To know weaning practices in rural area of latur. **Objectives** -1) To determine factors related to early and delayed weaning. 2) To study various factors regarding weaning and association of weaning with malnutrition. **Materials and method**- A cross sectional observational study was conducted in the Dept of Paediatrics MIMSR medical college Latur. A pretested questionnaire was introduced to mother and feedbacks were taken. Mothers having infant from 6months to 2yr old who attended Pediatrics outpatient department or ward were included in study. Statistical test-chi square test was used. Results and conclusion- In only 50% children, weaning was started at proper time. Factors affecting early weaning were feeling insufficient amount of milk, working mothers, family members forcing to start gutti at 2 months, television. Factors affecting delayed weaning were lack of knowledge to mother regarding weaning, family's decision etc. Malnutrition was significantly associated with time of weaning. Weaning should be started at proper time to prevent malnutrition. Health education should be given to mothers regarding weaning.

**Keywords:** weaning, malnutrition, mothers knowledge

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## INTRODUCTION

Weaning is the process of giving a child other food while continuing breastfeeding, when his or her nutritional demand can no longer be fulfilled by breast feeding alone.<sup>1</sup> Growth of all infants from the age of 6 months onwards depends largely upon the provision of weaning food to the baby.<sup>2</sup> Weaning food should be easily available, culturally acceptable, it should contains all essential nutrients which is required for optimum growth of baby. Weaning food should include cereals, pulses, minerals. The consistency of weaning food should be thick enough so that it should not spill from spoon. Ideally it should be started after completion of 6 months age of baby. Early weaning like before 6 months and

delayed weaning after 1year should be avoided. Lack of knowledge regarding food, family members, socio economic status, cultural beliefs and misbeliefs regarding food, availability of food are factors that affect time of weaning. Diarrhoea, vomiting and infections are common problems associated with early weaning. Malnutrition and nutritional anemia are problems associated with delayed weaning. About 1.3 million children die every year in India because of malnutrition<sup>3</sup>. According to the World Health Organization(WHO). Ninety nine per cent of all under five deaths occur in developing countries.<sup>4</sup> Weaning at proper time and with proper food is very important for growth of child.

## MATERIAL AND METHODS

It was cross sectional observational study conducted in dept of Paediatrics MIMSR medical college and YCR hospital Latur from January to June 2015. Total 400 children from rural area were included in study. After informed and written consent taken from mothers, a standard questionnaire is introduced to mothers attending with their child from age group 6 months to 2 year in Paediatrics opd as well as ward. Mothers were interviewed regarding time of starting weaning, type of food used for weaning, factors regarding early and delayed weaning. Also information about factors related to early and delayed weaning, side effects, relation of weaning to

malnutrition of child was collected. Weight of the children was also taken. To ensure the smooth flow of information and minimize this bias, the interview was not conducted in a question and answer format, but in a discussion format, in which responses to questions in the questionnaire were noted without interrupting the flow of the conversation. Data was fed in MS-excel and analysed using percentages and chi square test.

**RESULTS**

**Table 1:** Distribution of children according to their age and sex

Age	Male	Female	Total
6 Month to 1yr	155	145	300
13months to18 months	30	30	60
19 months to 24 months	28	12	40

**Table 2:** Distribution of weaning practices according to age group

Weaning practices	No.	(%)
Before 6 months	80	20
At 6months completion	200	50
More than 6 months	120	30

**Table 3:** Factors influencing early weaning practices

Factors influencing early weaning practices	No.	(%)
Feeling insufficient amount of milk	200	50
Working mother	40	10
Family members role	240	60
Media	120	30

**Table 4:** Factors affecting delayed weaning

Factors affecting delayed weaning	No.	(%)
Family members impact	40	10
Lack of knowledge about weaning	80	20
Diarrhea after weaning	80	20
Vomiting after weaning	120	30

**Table 5:** Type of food used by mother for weaning

Type of food used	No.	Percentage (%)
Milk	320	80
Cerelac	120	30
Dalwater	160	40
Rice kanji	160	40
Nachani	120	30
Fruits /juice	200	50
Shira/upama	160	40
Janamgutti	160	40

**Table 6:** Side effects noticed by parents after weaning

Side effects	No.	Percentage (%)
Vomiting	160	40
Diarrhea	120	30
None	240	60

**Table 7:** Association of weaning with malnutrition

Weaning practices	Malnourished No. Percentage (%)	Well nourished No. Percentage (%)
Early weaning	48(60%)	32(40%)
Timely weaning	140(124%)	60(30%)
Late weaning	60(50%)	60(50%)

$\chi^2 = 56.76, D.F=2, P < 0.05$

This study was conducted on 400 children attending paediatric O.P.D. and ward along with their mothers and following observations were made.About 400 children attended, out of which 300 children were from 6 months to 1yr age group,60 were from 1 to 1.5 yr and 40 children were from 1.5 to year to 2 yr. Only 50% had started weaning at 6 months of age, 20% women started weaning before 6 months and 30% women started delayed weaning at age of 10 months to 1 year. Factors affecting early weaning were feeling insufficient amount of milk, working mothers, family members forcing to start gutti at 2 months, and influence of media like television promoting infant formulas. Factors affecting delayed weaning were lack of knowledge to mother regarding weaning , it was found in 20% mothers , family decided about timing of weaning in 10% family. About 20% women feel there will be diarrhea after weaning- 30% mother were feeling vomiting after feeding. About 40% mothers were using pre lacteal feed like honey and gutti and gripe water. For weaning 80% mothers used only top milk like cow or buffalo as weaning food.40% mother were using dal water or rice kanji, only 30% mothers using nachani, 50% mothers using fruits or juices and 40% mothers using shira or upma. About 60% women givinggutti as weaning food. 60% women couldn't found any side effects after weaning, 30% mothers complained diarrhea and 40% mothers complained vomiting after weaning. Grade 1 malnutrition was found in 40% of children in whom early weaning was started,it was seen in 30% children with timely weaning and was seen in 50% in lated weaned children. Malnutrition was significantly associated with time of weaning(P< 0.05).

**DISCUSSION**

Weaning is a process of giving other food to child along with breast feeding as nutritional demand of child should not be fulfilled by breast feed alone. Weaning at proper time with proper food is important for normal growth and

development of child. weaning food should contains cereals, pulses, vitamins and minerals. vitamins and minerals are protective food necessary for qualitative development. In this study it is found that most of mothers are not aware of proper weaning food ,exact time of weaning, and selection of weaning food.so our health workers should teach mother regarding selection of weaning food. Most of mothers are giving only top milk as weaning food without vegetables and fruits so prone to develop vitamin deficiency manifestations<sup>5</sup>. In 10 to 20 % family mother in law and grandmother in laws decides weaning food. About 30% mothers still using cerelac as weaning food as so many nutritious things available at home. Feeling of insufficient breast milk is commonest cause for early weaning practices in community. In our study it was found that only 50% mothers are giving weaning at proper time,still 30 mothers are starting weaning at 8 to 10 months, cause is lack of knowledge and it will cause vomiting and diarrhea to their children<sup>6</sup>.In studies done by Mushaphi *et al.*<sup>7</sup>in Limpopo province and Katara *et al.*<sup>8</sup> in Vadodara, Shaili V yas *et.al.*<sup>11</sup> majority of boys were weaned earlier than girls. Lack of knowledge about food, influence of family members, media are import factors for early and delayed weaning<sup>9</sup>. Every paediatrician should spend time to teach mother regarding selection of food and, time to start, it would definitely improve weaning practices<sup>10</sup>. Malnutrition was significantly associated with time of weaning; this finding was similar with the study by Shaili Vyas<sup>11</sup>

## CONCLUSION

Weaning is one of the important task in growth and development of child .Right now in 21<sup>st</sup> century weaning at proper time with proper food is not up to mark . Most of mothers were using artificial infant formulas that should be replaced by homemade nutritious food. Malnutrition was significantly associated with time of weaning. Weaning should be started at proper time to prevent malnutrition. Health education should be given to mothers regarding weaning.

### Limitations-

The findings of this study cannot be generalized to the rest of the country due to differences in the genetic makeup and the socio-economic and dietary habits in

different rural communities in India, which has several ethnic groups. The information received during the interview depended mostly on recall. Recall bias is known to affect the accuracy of data and contribute to systemic error.

## REFERENCES

1. Choudhari, S.G., A.B. Mudey, U.S. Joge *et.al.*2012. Weaning and supplementary practices - impressions from a rural community. *Indian J. of Maternal and Child Health* 14(1): 1-9.
2. Liaqat P, Rizvi MA, Qayyum A *et.al.* Maternal education and complementary feeding. *Pak J Nutr.* 2006; 5: 563–8.
3. Cameron M, Hofvander Y. 3rd ed. New York: Oxford University Press; 1983. *Manual of Feeding Infants and Young Children*; pp. 110–31.
4. Chuodhry R, Humayun N. Weaning practices and their determinants among mothers of infants. *Biomedica.* 2007; 23:120–4.
5. New Delhi: Department of Women and Child Development, Government of India; 2004. Ministry of Human Resource Development. *National Guidelines for Infant and Young Child Feeding*. Available from: <http://www.wcd.nic.in/nationalguidelines.pdf>.
6. Geneva: WHO; 2006. WHO. WHO Child Growth Standards: Length/Height for Age, Weight for Age, Weight for Length, Weight for Height and Body Mass Index for Age: Methods and Development. WHO Multicentric Growth Reference Study Group.
7. MushaphiLF,Mbhenyane XG, Khoza LB *et.al.* Infant-feeding practices of mothers and the nutritional status of infants in the Vhembe district of Limpopoprovince.South Afr J Clin Nutr. 2008; 2: 36–41.
8. Katara PS, Patel SV, Mazumdar VS, Shringarpure K. A study on feeding practices among children aged 6 months to 2 years in urban slums of Vadodara. *Indian J Matern Child Health.* 2010; 12:1–9.
9. Bhandari D, Choudhary S. A community based study of feeding and weaning practices in under five children in semi urban community of Gujarat. *Natl J Community Med.*2011; 2: 277–83.
10. Dandekar, R.H., M. Shafee and R. Kumar 2014. Breastfeeding and weaning practices among literate mothers: a community based study in rural area of Perambalurtaluk, Tamil Nadu. *The Health Agenda* 2(1):15-21.
11. ShailiVyas,S.D.Kandpal, VipulNautiyal. Trends in weaning practices among infants and toddlers in hilly terrain of newly formed state of India. *International Journal of Preventive Medicine.*2014.Jun;5(6):741-748.

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