



A study to assess the effectiveness of structured teaching programme on knowledge regarding weaning among mothers of infants in selected areas at Rajkot

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Abstract

The term weaning comes from the Anglo-Saxon word “wenian” meaning “to become accustomed to something different”. By weaning, we try to take off the baby from the accustomed feeding of breast milk and to introduce him to solid food along with breast milk. Weaning is the second most important step for independent existence. Thus, weaning is defined as the systematic process of introduction of suitable food at the right time in addition to mother’s milk in order to provide needed nutrients to the baby.

The right age for weaning is around 4-6 months. The right type of food is a semi solid. The most important fact of weaning is to bridge the gap between liquid and solid diet. If weaning is not proper, children are likely to fall in to the pit of malnutrition. Weaning should be a solid process of gradual replacement of breastfeed by other suitable feeds. The bridge should be built on three strong planks namely continued breast feeding, vegetable protein and animal protein with safety net beneath namely supplementary feeding.

Weaning foods should be cheap, easily available and acceptable to the custom. Slowly other foods can be introduced. Semi solids and fruit juices can be started from 4-6 months of age, items that can be mashed with fingers can be started from 6 months of age. Vegetables, roots, tubers, fruits, fish, meat... Etc. can be added. By one year of age the child must be taking all the items that are cooked at home.

The physiological process of weaning is complex and involves microbiological, biochemical, nutritional, immunological and psychological adjustments. The introduction of new food is important both socially and nutritionally. The beginning of weaning is the beginning of a time of great change for both the mother and the child.

Keywords: Effectiveness, STP, knowledge reading weaning diet

Introduction

“I Had Given Him So Much throughout Our Time Breastfeeding, And How It Ended Wouldn’t and Didn’t Take Anything Away from That”

Allyson Lux

Infancy is the period when foundation of health is laid. The changes in the infant between birth and the age of one year are dramatic. The health and nutritional status of the infant and its subsequent growth and development through childhood depends upon successful feeding practice right from birth. Human breast milk is the most desirable diet for the first 6 months. But on reaching 6 months, breast milk alone is not able to provide all necessary nutrients to the child. Hence a process called weaning“ is practiced from the child’s second half of infancy.

The term Weaning is derived from Anglo Sanon word “wenian”. The term „to wean“ means “to accustom” and it describes the process by which the infant gradually becomes accustomed to the full adult diet.

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Weaning practices vary between and within countries. Urban and rural differences, age, breast problems, societal barriers, inadequate care from family, knowledge about good lactation, method of delivery, health system practices and community or cultural beliefs have all been found to influence breastfeeding and weaning. Unwillingness of the infant to eat while exerting favourite to beverage rather than eating, allergic reactions and health problems with child including vomiting, abdominal colic and diarrhoea may ascend due to wrong feeding practices adopted by mothers.

However, it was estimated that, there were 10 million annual deaths of under-five year old children. Over one third of under-five mortality is caused by malnourishment related 3 to inadequate complementary feeding during weaning practice. Initiate safe and nutritionally adequate complementary foods at 6 month is vital to achieve optimal growth, development and health of the children.

Need for the Study

India is a strong country of villages and about 80% of people live in villages. The education level and income level of people are low and infant feeding practices are strongly associated with the culture of the society. The growth and development of the infant depends on good maternal nutrition. Weaning is a process of gradual and progressive transfer of the baby from breast milk to the family diet. It does not mean discontinuing the breast feeding. Weaning begins from the moment supplementary food is started and continues till the child is taken off the breast completely.

Infants in India thrive on breast milk alone up to six months of life and their growth rate during this period is satisfactory. Breast milk alone is not able to provide sufficient amounts of all the nutrients needed to maintain growth after the first six months. Increasing need of calories and protein of growing children cannot be met by the diminishing output of mother's milk. Milk is also a poor source of vitamin C and supplementation with fruit juice is essential. Iron stores in liver of the infant would last only up to 4-6 months. Hence iron-rich foods should be given at least from six months onwards. Milk is also deficient in vitamin D. If the baby is to maintain the expected rate of growth and remain healthy and well nourished, supplementary feeding has to be resorted to round about the 6th month of life.

A worldwide survey was conducted to investigate the ways of feeding infants from birth to one year in various countries of Europe, North America, Africa, Asia and some countries in South America, suggests the proper ways of infant feeding based on the investigations and recommendations from WHO and United Nations Educational Scientific And Cultural organization (UNESCO), then concludes that breast-feeding is the best method of infant feeding and the best time to start weaning infants is between five and six months old. The term weaning is derived from the Anglo-Saxon word weaning, which means "to become accustomed to something different." The Concise Oxford Dictionary says to wean is "to teach the sucking child to feed otherwise than from the breast." Weaning is often seen as the end of something; however, it is more appropriately viewed as a beginning. We misuse the word wean in the context of stopping other activities or habits, weaning is not the cessation of breastfeeding but rather the addition of new foods.

Several studies all over the world have revealed that breast feeding alone is sufficient for the initial 6 months. Thereafter concentrated energy dense weaning foods are essential to maintain proper growth of an infant. Weaning period is the difficult phase in the infant's life, because if the food supplements are inadequate, the child becomes undernourished.

According to the WHO and UNICEF, poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being, to a great extent, a manmade problem, it must be considered as a reproach to our science and technology and a blot on our so-called development achievements. It is not only a problem of developing world; it occurs in many parts of the developed world as well. Inappropriate feeding practices result in feeding difficulties and malnutrition ultimately leading to increased mortality and morbidity in children. More than 2.4 million deaths

occur in India each year and 2/3 of these deaths is related to inappropriate feeding practices.

Objectives

1. To assess the pretest and post-test knowledge regarding weaning among the mothers of infants in selected community areas.
2. To evaluate the effectiveness of structured teaching programme regarding weaning among the mothers of infants in selected community areas.
3. To find out the association between post-test knowledge selected demographic variables.

Hypotheses

H1: There will be a significant difference between the mean pretest knowledge score and mean post-test knowledge score regarding weaning among mothers of infants at $p < 0.05$ level of significance.

H2: There will be a significant association between post-test knowledge score and selected demographic variables of mothers of infants at $p < 0.05$ level of significance.

Methodology

Research Approach:

Quantitative Research Approach

Research Design:

A true experimental pre-test post-test group design was adopted in the study.

Variables of the Study:

Independent variable:

Structured teaching programme regarding weaning

Dependent variable:

Knowledge level of mothers of infants

Setting of the Study:

Setting refers to the area where the study was conducted. It was the physical location and condition in which data collection takes place in a study. The study was conducted at the Jasdan village, Rajkot.

Population

The population for the present study was all the mothers of infants residing in Rajkot District.

Target Population:

Mothers of infants in Rajkot District.

Accessible Population:

Mothers of infants under Jasdan village,

Sampling Technique

Non-probability purposive sampling technique will be used to select the sample.

Major Findings of the Study

Major Study Findings Includes,

Findings related to demographic variables of the study,

1. The majority of 40(80%) samples age is 26-30 years.

2. The majority of 20(40%) samples are educated in matric level.
3. The majority of 40(80%) samples are home makers.
4. The majority of 26(52%) samples are earning from Rs. 10,000-15,000.
5. The majority of 43(86%) samples are joint family.
6. The majority of 48(96%) samples are vegetarian family.
7. The majority of 20(40%) samples are source of information through mass media.

Findings related to effectiveness of structured teaching programme on knowledge weaning among mothers of Infants

With regard to effectiveness of Structured teaching programme regarding Weaning among mothers of Infants in terms of knowledge the obtained 't' value for level of knowledge was 1.98 that was highly significant at $P < 0.05$ level.

Findings related to association between demographic variables and post-test.

With regard to association between the levels of knowledge with their selected demographic variables such as Age, Education qualification, Religion, had significant association found. The study shows that the calculated chi-square value is more than the tabulated value at the level of 0.05 for the educational level of mothers of Infants. This shows there is significant association between the effectiveness of structured teaching programme on knowledge regarding Weaning among mothers of Infants and selected demographic variables.

Summary

This chapter dealt with review of literature related to knowledge and practice regarding weaning and effectiveness of structured teaching programme on knowledge and practice regarding weaning among mothers of infants. Based on above review of literature it has noticed that in majority of studies mothers of infants have inadequate knowledge and unsatisfactory practices regarding weaning and planned/structured teaching programme could be one of the best ways of improving the same.

Conclusion

From this study the researcher found that the mothers have gained knowledge regarding Weaning among mothers of Infants and this study was done to assess the effectiveness of structured teaching programme on knowledge regarding Weaning among mothers of Infants. Hence the null hypothesis was rejected.

References

1. World Health Organization. Infant and young child feeding Model Chapter for textbooks for medical students and allied health professionals. Available from: <https://www.who.int/nutrition/publications/infant-feeding/9789241597494.pdf>
2. Highton B. Weaning a natural process. *Journal of public health*,2001;36(6):112-14.
3. Al-Awadi F, Amine. Recent trends in infant feeding pattern & weaning practices in Kuwait. *Eastern Mediterranean Health Journal*,1997;3(3):501-10.

4. Aregai WG. Weaning practices. *The Ethiopian Journal of Health Development*,2000;14(2):183-89.
5. Bekele AB. Mothers knowledge and practice related to weaning. *Ethiopian Medical Journal*,1998;36(1):37-45.
6. Basavanthappa BT. *Community health nursing*. 1st Ed. New Delhi: Jaypee brother's medical publishers, 1998, 166.
7. Ram HC. Knowledge and practices of mothers of infants and young children on complementary feeding, 2015. Available from: [www.researchgate.net /3232237378](http://www.researchgate.net/publication/3232237378). Accessed March 8, 2017.
8. Nascimento de Oliveira JA, Soares SC. The influence of family on complementary feeding: reporting experiences. *Demetra*,2016;11(1):75-90.
9. Dandekar RH, Shafee M, Kumar R. Breastfeeding and weaning practices among literate mothers: a community-based study in rural area of Perambalur taluk, Tamil Nadu. *The Health Agenda*,2012;2(1):15-21.
10. Greta P, Yuanyuan Z, Jean-Pierre H. Premastication: the second arm of infant and young child feeding for health and survival. *Matern Child Nutr*,2010;6(1):4-18.
11. Lande B, Andersen LF, Baerug A. Infant feeding practices and associated factors in the first six months of life: the Norwegian infant nutrition survey. *Acta Paediatrica*,2003;92(5):152-61.
12. Dubois L, Girard M. Social determinants of initiation, duration and exclusivity of breastfeeding at the population level: the results of the longitudinal study of child development in Quebec (ELDEQ 1998-2002). *Can J Public Health*,2003;94(2):300-05. 58