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“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND EXPRESSED PRACTICE REGARDING COMPLEMENTARY FEEDING AMONG MOTHERS OF CHILDREN UP TO TWO YEARS IN PEDIATRIC O.P.D. AT UMAID HOSPITAL JODHPUR.”

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Abstract:

Background:

As a baby grows and becomes more active, an age is reached when breast milk alone is not sufficient to meet the child's nutritional needs. So complementary foods are then needed to fill the gap between the total nutritional needs of the child and the amounts provided by breast milk. Some children, for various reasons, receive little or no breast milk at this age. This means that their total energy and nutrient needs must be provided by complementary foods and some other source of milk, or from family foods alone. Some children may need larger amounts of family foods or may need to be fed more frequently.

Methods:

A descriptive quantitative study was conducted on mothers up to two years children who attend pediatrics O.P.D. Data was collected through self-administered structured questionnaire. Purposive sampling technique used. Total 100 mothers selected. Inferential and descriptive statistics used for data analysis.

Result:

Highest percentage 47% of subjects where the age group belongs 18-24, 67% subjects belong to Hindu religion, 58% subjects belongs to rural area, 80% subjects belongs to joint family, 55% subjects have up to 10th class education, 58% subjects have of husband was farmer, 58% subjects had family income less than 10000.

Assessment of knowledge reveals that 33% had inadequate knowledge, 10% have good knowledge and 57% have moderate adequate knowledge regarding complementary feeding.

Assessment of expressed practice reveals that 45% had inadequate expressed practice, 5% have good expressed practice and 50% have moderate adequate expressed practice, regarding complementary feeding. The mean score

of knowledge 10.68 and standard deviation 2.806, mean and standard deviation of expressed practice score were 6.96 and 1.763. Knowledge has no significant association with socio demographic variable age, religion, area of living, type of family, but significant with education of mother, occupation of mother, family income. Expressed practice have no significant association regarding complementary feeding with demographic variables such as age, religion, area of living, type of family, occupation of father, family income. But education of mother had significant associated with expressed practice.

Conclusion:

This study shows that mothers of children up to two years having moderate adequate knowledge and expressed practice regarding complementary feeding.

KEY WORDS

Knowledge, Expressed Practice, Complementary feeding

1. Introduction

According to the Registrar General India's (RGI) Sample Registration System (SRS) bulletin, the Infant Mortality Rate (IMR) declined from 37 per 1,000 live births in 2015 to 30 per 1,000 live births at the national level in 2019. (1)

Recently, India's IMR rate in 2022 was 27.695 per 1,000 live births, a decrease of 3.74% from 2021. India's death toll in 2020 was 29,848 per 1,000 live births, down 3.48% from 2019. India's infant mortality rate in 2019 was 30,924 per 1,000 live births, a decrease of 3.36% from 2018.(2)

At six months, the energy and nutrients needed by the baby exceed the needs of the mother's milk. Complementary foods are necessary to meet these needs. Babies at this age are also developmentally ready for other foods. This change is called complementary feeding. (3)

According to the WHO definition, complementary feeding is "a process that begins when breast milk alone is no longer sufficient to meet the infant's nutritional needs" and "combines breast milk with other foods and fluids." "Complementary feeding" means the period during which complementary foods including breast milk or breast milk substitutes are given. The panel notes that this definition differs from the WHO definition of "complementary feeding", which means complementary feeding plus breastfeeding. Therefore, complementary foods in this view include all liquid, semi-solid and solid foods other than breast milk, and breast milk substitutes are provided free of charge to breastfed infants. Complementary foods include drinks, spoon foods, or finger foods. In this opinion, weaning means a period of gradual reduction of breastfeeding (or formula), both in terms of jealousy and preference for breast milk, which begins with the initial introduction of complementary foods and gradually leads to the infant's natural eating pattern. A family is formed. In the second year of life, if food or liquids, breast milk or other vitamins are not given, breastfeeding is "exclusive". If the infant receives non-dairy fluids such as water or energy-free tea in addition to breast milk, it is "dominant". Exclusive and primary feeding with breast milk is called "exclusive" breastfeeding, while "mixed" breastfeeding is when the infant receives "limited" formula and breast milk in addition to breast milk.

After 6 months, it becomes increasingly difficult for breastfed infants to meet their nutritional needs with breast milk alone. However, most babies are ready for other foods by around 6 months of age. In settings with very poor environmental hygiene, waiting up to 6 months to introduce complementary foods can reduce exposure to foodborne illness. However, as infants at this age begin to actively explore their environment, they are exposed to microbial contaminants through soil and objects, even if they are not fed complementary foods.(4)

Conceptual framework

The concept underlying the basic health belief model is that health behavior is determined by personal beliefs and perceptions about complementary foods and strategies available to reduce their occurrence (Hochbaum, 1958).

The "health belief model" of Rosenstock (1974) and Becker and Millman (1975) can be accepted in the present study. In the present study, the health belief model helps to improve complementary feeding practices and knowledge in mothers with children up to 2 years old. Modified health beliefs include factors such as individual perceptions, modifiers, and behavioral potentials.

Materials and Methods

A descriptive quantitative study was conducted in pediatric O.P.D Jodhpur. Ethical clearance from the institution ethical committee was obtained. Data was collected through self-administered structured questionnaire. Purposive sampling technique used. Total 100 mothers selected. All the women between 18 -45 years. Inferential and descriptive statistics used for data analysis.

Table:1 Frequency and percentages of distribution of socio - demographic variables of samples.

N=100

S. No.	Demographic Variables	Frequency	Percentage(%)
1	Age of mother		
	a) 18-24 year	47	47.0
	b) 25-30year	35	35.0
	c) 31-36year	13	13.0
	d) 37-45years	05	5.0

2	Religion a) Hindu b) Muslim c) Christian d) Other	67 33 0 0	67.0 33.0 0 0
3	Area of Living a) Urban b) Rural c) slums	28 54 18	28.0 54.0 18.0
4	Type of family (a) joint (b) nuclear (c) single parent	80 20	80.0 20.0
5	Education of mother (a) Primary (b) up to 10 th (c) up to graduation (d) post-graduation and above	10 55 20 15	10.0 55.0 20.0 15.0

6	Occupation of father		
	(a) serviceman	25	25.0
	(b) businessman	2	2.0
	(c) farmer	58	58.0
	(d) other	15	15.0
7	Family income		
	(a) less than 10000/-	58	58.0
	(b) 10000-15000/-	15	15.0
	(c) 15000-20000/-	25	25.0
	(d) more than 20000/-	2	2.0

Table: 2 Chi Square value showing association between the knowledge regarding complementary feeding among mothers of children up to two years and with the selected demographic variables in terms of Age, Religion, area of living, Types of family, Education of mother, Occupation of father, Family income.

Variables	Category	Number	Knowledge score of complementary feeding				df	X ² value
			Poor	Average	Good			
			N	N	N			
Age	(a) 18-24 year	47	18	24	5	6	4.130 ^{NS}	
	(b) 25-30year							
	(c) 31-36year	35	12	21	2			
	(d) 37-45years	13	2	9	2			
		5	9	3	1			
Religion	a) Hindu	67	26	35	6	2	3.103 ^{NS}	
	b) Muslim							
	c) Christian	33	7	22	4			
	d) Other	0	0	0	0			
		0	0	0	0			

Area of Living	a) Rural	28	12	13	3	4	3.229 ^{NS}
	b) Urban	54	16	34	4		
	c) Slum	18	5	10	3		
Type of family	a) Joint Family	80	29	44	7	2	2.186 ^{NS}
	b) Nuclear Family	20	4	13	3		
	c) Single parent	0	0	0	0		
Education	a) Primary	10	9	1	0	6	90.358*
	b) Up to 10 th						
	c) Up to graduation	55	23	32	0		
	d) post-graduation and above	20	0	20	0		
		15	1	4	10		
Occupation Of father	(a) serviceman	25	4	12	9	6	27.428*
	(b) businessman	2	1	1	0		
	(c) farmer						
	(d) other	58	24	33	1		
		15	4	11	0		
Family Income	a) less than 10000/-	58	24	33	1	6	27.428*
	b) 10000-15000/-						
	c) 15000-20000/-	15	4	11	0		
	d) more than 20000/-	25	4	12	9		
		2	1	1	10		

*= Significant

NS = Non significant

Table : 3 Chi Square value showing association between the expressed practice regarding complementary feeding among mothers of children up to two years and with the selected demographic variables in terms of Age, Religion, area of living, Types of family, Education of mother, Occupation of father, Family income.

Variables	Category	Number	Expressed practice score of complementary feeding				
			Poor	Average	Good	df	X ² value
			N	N	N		
Age	(e) 18-24 year	47	24	22	1	6	6.581
	(f) 25-30year						
	(g) 31-36year	35	16	17	2		
	(h) 37-45years	13	4	7	2		
		5	1	4	0		
Religion	e) Hindu	67	33	31	3	2	1.493
	f) Muslim	33	12	19	2		
	g) Christian	0	0	0	0		
	h) Other	0	0	0	0		
Area of Living	a) Rural	28	15	12	1	4	1.269
	b)Urban Slum	54	23	28	3		
	c)	18	7	10	1		
Type of family	a) Joint Family	80	39	36	5	2	4.500
	b)Nuclear Family	20	6	14	0		
	c) Single parent	0	0	0	0		
Education	e) Primary	10	9	1	0	6	32.152*
	f) Up to 10 th						
	g) Up to graduation	55	31	24	0		
	h) Post-graduation and above	20	2	26	2		
		15	3	9	3		
Occupation Of father	(a) Serviceman	25	5	17	3	6	10.626 ^{NS}
	(b) Businessman	2	1	1	0		
	(c) Farmer						
	(d) Other	58	30	26	2		
		15	9	6	0		
Family	e) Less than 10000/	58	30	26	2	6	10.626 ^{NS}

Income	f) 10000-15000/						
	g) 15000-20000/	15	9	6	0		
	h) M ore than 20000/-	25	5	17	3		
		2	1	1	0		

Table: 4 Co relation between knowledge and expressed practice mothers of children up to two years regarding complementary feeding

N = 100

No.	Variables	Maximum Score	Respondents		Pearson's "r"
			Mean	Standard Deviation	
1.	Knowledge	16	10.68	2.806	0.761*
2.	Expressed Practice	10	6.96	1.763	

Results

Assessment of knowledge reveals that 33% had inadequate knowledge, 10% have good knowledge and 57% have moderate adequate knowledge regarding complementary feeding.

Assessment of expressed practice reveals that 45% had inadequate expressed practice, 5% have good expressed practice and 50% have moderate adequate expressed practice, regarding complementary feeding. The mean score of knowledge 10.68 and standard deviation 2.806, mean and standard deviation of expressed practice score were 6.96 and 1.763. Knowledge has no significant association with socio demographic variable age, religion, area of living, type of family, but significant with education of mother, occupation of mother, family income. Expressed practice have no significant association of expressed practice regarding complementary feeding with demographic variables such as age, religion, area of living, type of family, occupation of father, family income. But education of mother had significant associated with expressed practice.

This study shows that mothers of children up to two years having moderate adequate knowledge and expressed practice regarding complementary feeding.

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