A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING WEANING AMONG NURSING MOTHERS IN PEDIATRIC OPD

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Abstract: Weaning is the process of giving an infant other foods and liquids with breast milk after the age of 6 months as breast milk alone is not sufficient to meet the nutritional requirements of growing baby. It is the process by which the infant gradually becomes habituated to adult diet. Under nutrition remains one of the most common causes of morbidity and mortality among children globally, which is directly or indirectly related to knowledge of months regarding weaning.

The present “A Descriptive study to assess the level of knowledge Regarding Weaning Among Nursing Mothers in Pediatric OPD of SMIH Patel Nagar, Dehradun, Uttarakhand with a view to develop informational booklet.”

AIM: To assess the level of knowledge regarding Weaning among Nursing Mothers in Pediatric OPD of SMIH Patel Nagar, Dehradun, Uttarakhand.

OBJECTIVE OF THE STUDY
1. To assess the level of knowledge regarding weaning among nursing mothers.
2. To find the association between level of knowledge of nursing mothers with their socio-demographic variables.

METHODOLOGY
The nature of the study was non-experimental. The study was conducted in Pediatric OPD SMIH, Patel Nagar, Dehradun; the research design used for the study was Non-Experimental descriptive research design. Total 49 nursing mothers were selected through purposive sampling technique and data was collected using self-structured knowledge questionnaires in pediatric OPD of Shri Mahant Indiresh Hospital Dehradun, Uttarakhand. The data collected for to assess the level of knowledge regarding Weaning among Nursing Mothers.

RESULT The analysis revealed that mothers of infant (28.75%) had good knowledge, (67.57%) had average and (4.08%) had poor knowledge regarding weaning. There was no significant association found between knowledge score of nursing mothers regarding weaning with their socio demographic variables.

CONCLUSION: It can be concluded that most of the mothers had average level of knowledge regarding weaning.

Index Terms – Assess, Knowledge, Weaning, Nursing Mothers
I. INTRODUCTION

Weaning is vital for the growth and development of infants and children. The basic needs of human life like the “food, clothing, shelter, health care and love” are the same in all cultures.

The human milk alone, even in reasonable qualities, cannot provide all the energy and protein required for maintaining an adequate rate of growth for the infant, after the age of 6 months. It is therefore necessary to introduce more concentrated energy dense nutritional supplements at this age. Infants also require iron supplements after the age of six months to prevent iron deficiency anemia.

ACCORDING TO WHO & UNICEF, In Nigeria; nearly half of under five children were underdeveloped, with a less than one third increase from 6 months to half of them at two years, this is exactly a time when weaning is reached its peak. However, the prevalence of malnutrition among children aged 6 months to 2 years is 24%; Wasting was 13% and 17% among infant from 6 months to 2 years and obesity was 9%. Moreover, nearly one million children die in Nigeria before they reach the age of five every year and worldwide are about 11 million.

In 2006, there was a forecast of nearly 10 million deaths of infant internationally and inadequate food to children directly increased the risk of childhood illness and contributed to infant mortality significantly. Malnourished children are easily predisposed to childhood illness.

In India, 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 resulting 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 two-third of these deaths is related to inappropriate feeding practices.

Ghosh has concluded that, the high rates of PEM in India are not primarily caused by poverty; rather, the behaviors of delayed initiation of breast feeding, early introduction of water / liquids and delay in complementary feeding results in a period of “ perpetual hunger for the child”. This is because the child was dependent on someone else for feeding and this person did not have the knowledge, awareness or time regarding how much food the child needed.

In Uttarakhhand, Exclusive breastfeeding for 6 months was only 21%, which is quite a Disappointing finding in respect of quality of nutritional inputs during the critical period and a factor that determines health outcomes in infancy. Percentage of babies receiving complementary feeding between 6-9 months was found to be very encouraging though there is a need to look at its quality and quantity as percentage of underweight under 3 children happens to be still very high.

Weaning was derived from an English word ‘weaning’ meaning ‘accustom’ literally means to be taken off or alienated from an accustomed pursuit. 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.

II. RESEARCH METHODOLOGY

Methodology is the complete structure of research study, the size and sample methods the practice and techniques utilized to collect data and process to analyses data. -BOWLING, 2002

1.1 Population and Sample
In the present study, the population is Nursing Mothers sample consists of is Nursing mothers in Pediatric OPD of Shri Mahant Indiresh Hospital, Patel Nagar Dehradun.
1.2 Data and Sources of Data
Data collected by using the tool i.e. Self-structured knowledge questionnaires & socio demographic variables on the knowledge among Nursing Mothers regarding weaning in Pediatric OPD of Shri Mahant Indiresh Hospital, Patel Nagar Dehradun.

Data Collection Tool:
Data collection tool consists 02 parts.

SECTION-A
Socio Demographic variables
Items on demographic variable include, age of Mothers, age of Infant, Number of Children, Religion. Type of Family, Mother Education, Father Education, Mother Occupation, Father Occupation, Family Income per Month in Rupees, Eating Habits, Previous Knowledge regarding Weaning, Source of Information

SECTION-B
Self-Structured knowledge questionnaires

1.3 Theoretical framework

Conceptual framework:
(Definition): Conceptual framework is a complex mental formulation of an object, property or an event that is derived from the individual’s perception and experience. Conceptualization is a process of forming ideas, which are utilized and forms conceptual framework for development of research design. It helps the researcher to know what a data is needed to be collected and gives direction and entire research process. They may be based on the factual information is wrong information. the health belief usually results from health belief so the investigator felt the baker’s Rosenstoch model is suitable as conceptual framework for this study to assess the Nursing mother’s knowledge regarding weaning.

The relationship between a person’s beliefs and behavior use of models based on person’s perception of susceptibility to an illness and the seriousness of the illness. This model has been adopted because it helps the nurse to understand various behavior’s including client’s (Nursing mothers) perception, feelings, beliefs, and interest i.e. knowledge attitude towards weaning thereby plan appropriate care that will most effectively assist the Nursing mother’s in maintaining health and preventing illness of their children.

The model describes 3 variables:
1. Individual perception
2. Modifying factors
3. Likelihoods of taking action

Application of health belief model in the research study
1. Individual or mother’s perception: Nursing mother perceived knowledge regarding weaning its meaning, importance and foods according to the age, problems during weaning and feeding techniques

2. Modifying factors: Nursing mother’s perception is influenced and modified by socio demographic variables such as age of Mothers, age of Infant, Number of Children, and Religion. Type of Family, Mother Education, Father Education, Mother Occupation, Father Occupation, Family Income per Month in Rupees, Eating Habits, Previous Knowledge regarding Weaning, Source of Information

3. Individual of taking action: It indicates nursing mothers may try to take action assess nutritional need of an infant and initiating proper weaning to prevent malnutrition, underweight and feeding problems. The Nursing mothers are likely to adopt health practices such as start the weaning at the proper time.
INDIVIDUAL PERCEPTION

MODIFYING FACTORS

INDIVIDUAL PERCEPTION

INDIVIDUAL PERCEPTION

MODIFYING FACTORS

LIKELIHOOD OF TAKING ACTION

DEMOGRAPHIC VARIABLES
Age of mothers
Age of infant
Number of children
Religion
Type of family
Mother education
Father education
Mother occupation
Father occupation
Family income per month in rupees
Eating habits
Previous knowledge regarding weaning
Source of information

Prevented benefits of preventive action by administration of informational booklet regarding weaning

Nursing mothers perceived threat of malnutrition and feeding problem

Nursing mother perceived importance of weaning

CUE TO ACTION
Family, Friends, Health Workers, Mass Media

Likelihood of taking action: Nursing mothers improve knowledge on weaning

Fig: Conceptual Framework Adopted for the Study Based on Rosentoch’s (1974) Health Belief Model
1.4 Statistical tools
The data were analyzed by using Descriptive Statistics.

1.4.1 Descriptive Statistics

III. RESULTS AND DISCUSSION

Table 1: Frequency and percentage distribution of sample according to socio demographic variables. (N=49)

<table>
<thead>
<tr>
<th>S.NO</th>
<th>SOCIO DEMOGRAPHIC VARIABLES</th>
<th>FREQUENCY (f)</th>
<th>PERCENTAGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age of mothers in year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) 25-30yrs</td>
<td>42</td>
<td>85.71%</td>
</tr>
<tr>
<td></td>
<td>b) 31-35yrs</td>
<td>07</td>
<td>14.28%</td>
</tr>
<tr>
<td>2.</td>
<td>Age of infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) 6-9months</td>
<td>37</td>
<td>75.51%</td>
</tr>
<tr>
<td></td>
<td>b) 10-12months</td>
<td>12</td>
<td>24.48%</td>
</tr>
<tr>
<td>3.</td>
<td>Number of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) One Children</td>
<td>28</td>
<td>57.14%</td>
</tr>
<tr>
<td></td>
<td>b) More than two</td>
<td>21</td>
<td>42.85%</td>
</tr>
<tr>
<td>4.</td>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Hindu</td>
<td>39</td>
<td>79.59%</td>
</tr>
<tr>
<td></td>
<td>b) Muslim</td>
<td>10</td>
<td>20.40%</td>
</tr>
<tr>
<td></td>
<td>c) Others</td>
<td>00</td>
<td>0%</td>
</tr>
<tr>
<td>5.</td>
<td>Type of family</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Nuclear family</td>
<td>12</td>
<td>24.48%</td>
</tr>
<tr>
<td></td>
<td>b) Joint family</td>
<td>37</td>
<td>75.51%</td>
</tr>
<tr>
<td>6.</td>
<td>Mother Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Non-formal education</td>
<td>18</td>
<td>36.73%</td>
</tr>
<tr>
<td></td>
<td>b) Primary education</td>
<td>16</td>
<td>32.65%</td>
</tr>
<tr>
<td></td>
<td>c) Higher education</td>
<td>06</td>
<td>12.24%</td>
</tr>
<tr>
<td></td>
<td>d) Graduation and above</td>
<td>09</td>
<td>18.36%</td>
</tr>
<tr>
<td>7.</td>
<td>Father Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Non-formal</td>
<td>04</td>
<td>8.16%</td>
</tr>
<tr>
<td></td>
<td>b) Primary education</td>
<td>10</td>
<td>20.40%</td>
</tr>
<tr>
<td></td>
<td>c) Higher education</td>
<td>26</td>
<td>53.06%</td>
</tr>
<tr>
<td></td>
<td>d) Graduation and above</td>
<td>09</td>
<td>18.36%</td>
</tr>
<tr>
<td>8.</td>
<td>Mother Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Self–Employed</td>
<td>01</td>
<td>2.04%</td>
</tr>
<tr>
<td></td>
<td>b) Private Job</td>
<td>02</td>
<td>4.08%</td>
</tr>
<tr>
<td></td>
<td>c) Government Job</td>
<td>02</td>
<td>4.08%</td>
</tr>
<tr>
<td></td>
<td>d) Housewife</td>
<td>44</td>
<td>89.79%</td>
</tr>
<tr>
<td>9.</td>
<td>Fathers Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Self-Employed</td>
<td>09</td>
<td>18.36%</td>
</tr>
<tr>
<td></td>
<td>b) Private Job</td>
<td>30</td>
<td>61.22%</td>
</tr>
<tr>
<td></td>
<td>c) Government Job</td>
<td>09</td>
<td>18.36%</td>
</tr>
<tr>
<td></td>
<td>d) Housewife</td>
<td>01</td>
<td>2.04%</td>
</tr>
</tbody>
</table>
The data depicted the frequency and percentage distribution of socio-demographic characteristics of nursing mothers, which showed that out of 49 nursing mothers (85.71%) were in the age group of 25-30 years. Majority of nursing mothers had infant of (6-9) months (75.51%). Most of the Nursing Mothers (57.14%) had one child. Majority of the nursing mothers (79.59%) was Hindu & from Joint Family (75.51%). Majority of Nursing mothers (36.73%) had taken non-formal education & most of the fathers (53.06%) had taken higher education. Most of the Nursing mothers (89.79%) were housewife and majority of fathers (61.22%) were in private job. Most of the Family income per month were between 11000-15000 (61.22%). Most of the Nursing mothers (51.02%) consume Non-Veg Diet. All Nursing Mothers (100%) had previous knowledge regarding Weaning. Majority of Nursing mothers (85.70%) had taken source of information from health workers.

Table No.1

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>RANGE OF OBTAINED SCORE</th>
<th>MAXIMUM POSSIBLE SCORE</th>
<th>MEAN ± SD</th>
<th>MEDIAN</th>
<th>MEAN PERCENTAGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge score</td>
<td>7-24</td>
<td>24</td>
<td>18.14 ± 4.378</td>
<td>19</td>
<td>62.55%</td>
</tr>
</tbody>
</table>

Table No.2 The data showed that range of Knowledge score was between (7-24), mean value was (18.14), standard deviation (SD) was (4.378) whereas median was 19 and mean percentage was 62.55%.

IV ACKNOWLEDGMENT

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It's our pleasure to indebt our sincere great fullness and genuine thanks to our esteemed colleagues for their constant motivation throughout of this dissertation.

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