

## Assess The Knowledge of Mothers Regarding Complementary Feeding of Infant Selected Hospital, Bhubaneswar.

S.Bhaktiswarupa<sup>1</sup>Debasmita Mohapatra<sup>2</sup>

<sup>1</sup>Faculty of Nursing ,(Kalinga Institue of Nursing Sciences,KIIT Deemed to be University,Odisha,India )

<sup>2</sup> Faculty of Nursing (Kalinga Institue of Nursing Sciences,KIIT Deemed to be University,Odisha,India)

### Abstract

**Background:** Complementary feeding of an infant is a common cultural practice commenced at the age of 6moths which plays vital role in the child's milestone for growth and development. The right practice of weaning is necessary to prevent from various health related complications like allergy, diarrhea and choking furthermore delayed weaning may result in nutritional deficiency, protein energy malnutrition and, childhood illness, developmental delay stunting and sometimes even death.

**Materials and Methods:** In this descriptive quantitative study by using a modified self structured questionnaire 50 mothers knowledge assessed regarding complementary feeding through the interview. . The questionnaire contains about from which sources the person gains information , the level of knowledge regarding complementary feeding.

**Results:** The results showed that 3.33% mother has poor, 66.67% has average knowledge and 30% has good knowledge regarding complementary feeding.

**Conclusion:** Weaning is the process of gradually introducing an infant mammal to what will be its adult diet and withdrawing the supply of its mother's milk. A descriptive study was done to assess the knowledge of the mothers regarding complementary feeding. The results showed that maximum numbers of mothers has average knowledge (66.67%)and minimum numbers has poor knowledge (3.33%).

**Key Word:** Knowledge, Complementary Feeding, Mothers, Infants

Date of Submission: 21-05-2020

Date of Acceptance: 08-06-2020

### I. Introduction

The period from birth to 2 years of age is a "critical window" for the promotion of optimal growth, health and cognitive development. Complementary feeding is defined as the introduction of foods other than breast milk into an infant's diet, while slowly reducing breast feeding. Exclusive breast feeding for the first 6 months is the WHO's recommended method for full term infants by healthy, well nourished mothers. Complementary feeding is to commence then onwards. Breast feeding should also be prolonged, up to 2 years as recommended by WHO & UNICEF. It is usually observed that significant emphasis is placed by the mothers on the beginning of the weaning period, but there are no added physiological, psychological, economic or nutritional advantages of early weaning.<sup>2</sup>

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.<sup>1</sup> The concept of the word "weaning" has now changed to complementary feeding for the simple reason that, with the introduction of other nutritious food, breast feeding needs to continue in the babies for a period of two years. As per the UNICEF, "Weaning" is defined as the "the systemic 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 literal meaning of the term "weaning" is make free from the habit of breastfeeding or take the baby away from the breast and nourish by other means.<sup>3</sup>

### II. Material And Methods

The quantitative, descriptive research design was carried out among mother in Pediatric OPD at Pradyumna Bal Memorial Hospital Bhubaneswar, Odisha. A total 50 mothers were taken as sample for the study. Study Design: Non-experimental descriptive research design.

Study Location: The study was a tertiary care teaching hospital based study done in Pediatric OPD Pradyumna Bal Memorial Hospital ,Bhubaneswar in Odisha

Study Duration: January 2018 –March 2018

Sample size: 50 mothers.

**Subjects & selection method:** The study population was drawn from convenient sampling.

**Inclusion criteria:**

- Mothers who are willing to participate in the study
- Mothers of infants 6-12 months of age reporting to pediatric OPD.
- Mothers who can communicate in either English or Odia.

**EXCLUSION CRITERIA:**

- Mothers of children who are seriously sick .

**Procedure methodology**

- After written informed consent was obtained, a well-designed modified questionnaire was used to collect the data. The Investigators introduced themselves to the samples and established good rapport with them and explained about the purpose of the study and its usefulness.
- Informed consent obtained from the samples indicating their willing to participate in the study. Investigators assured confidentiality of the response.
- Data collection was carried out from 1<sup>st</sup> January2018 to30 march2018. Convenience sampling of 50 samples wastaken for data collection.

**Statistical analysis**

Data was planned to analyze by using Descriptive statistics.  
Frequency and percentage distribution to describe demographic variables

**III. Result**

- 56.67% of the mothers are of 25 -32 yrs reveals that maximum mother,23.33% of mother are32-39yrs,16.67% of mothers are 18-25yrs,3.33% mothers are 39yrs & above.
- 43.33%of the mothers are graduate & above reveals that maximum mother,30% of mother are high school,16.67% of mothers are primary school,10% mothers are illiterate
- 53.33%of the mothers are house wife reveals that maximum mother,23.33% of mother are doing private job,13.33% of mothers are doing govt.job,10% mothers are daily worker.
- 63.33%of the mothers belongs from nuclear family reveals that maximum mothes ,36.67% of mother are belongs from joint family.
- 30%of the mothers are Hindu reveals that maximum mother16.67% of mother are Muslim,13.33% of mothers are other religion,3.33% mothers are Christian
- 46.67%of the mothers having two child reveals that maximum mother.33.33% of mother having one child,13.33% of mothers having three child,6.67% mothers having more than three child.
- 40%of the child are 6-7month reveals that maximum child.37.67% of child are 8-9 month,23.33% of child are 10-12 month
- 66.67%of the mothers take idea from elders reveals that maximum mother.33.33% of mother take idea from health center

**Analysis of overall knowledge score as per criterion**

Frequency (F) and percentage (%) distribution of study samples according to existing knowledge regarding complementary feeding of mother.

Level of knowledge score

N-50

Knowledge	Frequency	Percentage
Poor (0%-34%)	2	3.33%
Average (35%-70%)	33	66.67%
Good (71%-100%)	15	30%

**IV. Discussion**

Age wise distribution of the samples which shows that majority 57.67% of the samples were 25-32 years of age. Education wise distribution shows that the majority 43.33% of the mother are graduate & above. Maximum majority of mothers occupation were house wife(53.33%).Religion status wise distribution shoes that majority 66.67% of the samples were Hindu..Family type wise distribution shows that majority 63.33% were form nuclear family, others from joint family.Income status wise distribution shows that the majority 30% samples were having 15000-20000 &more than 20000.No of living children wise distribution shows that majority 46.67% of mother having two child .Age of the children wise distribution shows that maximum 40% of child age is 6-7 months. Source of health information wise distribution shoes that maximum 66.67% mother

take information from elders in home. Assess the percentage wise distribution of the level of the knowledge among mothers. shows that good criteria are 30%. Average criteria are 66.66% and poor criteria are 3.33 % about knowledge regarding complementary feeding.

## V. Conclusion

The intention of this study was to assess knowledge regarding weaning among mothers of children (6 months – 12months of age). The results showed that maximum numbers of mothers has average knowledge (66.67%)and minimum numbers has poor knowledge (3.33%)So, formal and informal teachings, mass media, health education programmes should be arranged to educate mothers about satisfactory child rearing practices.

## References

- [1]. Abbi,R., Christian, P., Gujral, S. and Gopaldas, T.(1991). The impact of maternal work on the nutrition and health status of children. Food and Nutrition Bulletin, 13(1): 20-24
- [2]. ACC\SCN, 2000).The Fourth Report on World Nutrition Situation. Geneva, Switzerland.
- [3]. Adere, J. W. (2006). Feeding practices and nutritional status of children 6-36 months in Muslim and Christian households: A human rights perspective .A case study of Kibera in Nairobi, Kenya. University of Nairobi.
- [4]. Aggarwal, A., Verma, S., Faridi, M. A and Dayachand. (2008). Complementary feeding– reasons for inappropriateness in timing, quantity and consistency. Indian Journal of Pediatrics, 75(1): 49-53.
- [5]. Maier a, Chobanet c, Schaal b, etal. Food related sensory experience from birth through weaning ;contrasted patterns in two European regions,appetite2007sept 49(2);429-440.
- [6]. Ahmed,T and Ahmed, A. M. S. (2009). Reducing the burden of malnutrition; in Bangladesh. Biomedical journal, 339:b4490.
- [7]. Akhtar, K., Hague, M. E., Islam, M. Z., Yusuf, M. A., Sharif, A. R. and Ahsan, A. L (2012). Feeding patterns and nutritional status of under two years slum children. A Journal of ShaheedSuhrawardy Medical College, 4(1): 3-6.
- [8]. Arimond, M.andRuel M.T.(2002).Assessing care Progress towards the measurement of selected childcare and feeding practices,and implications for program: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2002.
- [9]. Amosu, A. M., Atolomah, N. O. S., Thomas, M. A., Olanrewaju, M. F. and Degun, A. M. (2011). Child care practices and the nutritional status of infants of working mothers in a day care centre in Oshun State, Nigeria. Annals of biological research 2(5): 140-148
- [10]. Ali, S. S., Karim, A. S. S., Karim N. and Haider,S. S. (2005).Association of literacy of fathers with malnutrition among children under three years of age in rural area of district Malir, Karachi. Journal of Ayub Medical College Abbottabad, 22(4): 26–29
- [11]. APHRC (African Population and Health Research Center), (2002). Population and Health Dynamics in Nairobi’s Informal Settlements. Nairobi (Kenya): African Population and Health Research Center.
- [12]. Bekele, A., Berthane, Y. (1998).Weaning in Butajira, South Ethiopia. A Study on mothers knowledge and practices, Ethiopian Medicine Journal, 36(1): 37-45. Bereng, L., Bilkes, F. and Nxumalo,T. P. (2007). Patterns of decision- making on complementary feeding practices by caregivers of children aged 0-36 Months
- [13]. Bentley, M. E., Black, M. M. and Hurtado, E. (1992). Child feeding and appetite. Food and Nutrition Bull, 16(4): 340-349.
- [14]. Black, R. E., Allen, L. H., Bhutta, Z. A., Caulfield, L. E., deOnis, M., &Ezzati. M. (2008).Maternal and child undernutrition: Global and regional exposures andhealth consequences. Lancet; 371 : 243-60.
- [15]. Brown, K. H., (2001). A rational approach to feeding infants and young children with a cute diarrhea. Lifchchirtz child edition, padiatricGastroentorology and nutrition in clinical practice, new York, Marcel Dekker.
- [16]. Desai, S. and Johnson, K. (2005), “Women’s decision making and child health: familial and social hierarchies”, in USAID, A focus on gender. Collected papers on gender using DHS data, ORC Macro, Calverton, Maryland, USA. .
- [17]. Piyushgupta “Essential paediatric nursing”, 2<sup>nd</sup> edition , CBS publishers and distributors, 2004 ;126-127.

S.Bhaktiswarupa et. al. “Assess The Knowledge of Mothers Regarding Complementary Feeding of Infant Selected Hospital, Bhubaneswar.” *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(3), 2020, pp. 57-59.