



A CROSS SECTIONAL STUDY TO ASSES THE ROLE OF MATERNAL LITERACY STATUS ON WEANING PRACTICES IN RURAL COMMUNITY

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ABSTRACT

In most of our poor rural communities, however, supplementary feeding is not started till at a much later date, one of the main reasons being the mothers belief that as long as the child is receiving some breast milk, there is no need for additional food .even when supplementary foods are introduced relatively early, both the quantity and quality of the supplements are far from satisfactory. Understanding of the knowledge and practices of the community regarding weaning practices, causes for early and late introducing supplementary food. Therefore the present study was carried out to evaluate the social factors influencing weaning practices in rural community. This study was carried out to know weaning practices among literate and illiterate mothers living in rural area. The present community based cross-sectional study was carried out in rural area of Bijapur taluka in Karnataka state from January to June 2014, all literate& illiterate mothers (245) having children between 0-2 years of age were interviewed. Out of 245 mothers, 120(44%) mothers are illiterate. Majority (55.5%) of mothers (136) started weaning at 6months. Significant association was found between mother's education and the age of introduction of complementary foods. Weaning practices among literate mothers were satisfactory.

Keywords: Weaning, Literacy, Child, and Mother.

INTRODUCTION

Mother is the most central person in a child's life for both its physical as well as its psychosocial development. The mother baby association is the strongest influential relationship for the child. From the very first moments of life, a baby begins interacting with its mother. Thus, mother's health, her education, her views & approach regarding child rearing practices are important indicators on the path of child's health.

It is recognized that widespread malnutrition prevalent among the poor socio- economic groups of our population is largely attributed to economic factors. However, it cannot be denied that social and cultural factors also contribute considerably to overall picture of malnutrition in our poor communities. Faulty feeding habits arising from ignorance, superstition's and wrong food beliefs must be considered as being responsible for provoking malnutrition in such communities. Among the most vulnerable segments of population from the

nutritional viewpoint are infants and young children and it is therefore, not surprising that protein calorie malnutrition in children belonging to the poor socio-economic classes is a major public health problem in our country.

Extensive research based on national surveys and censuses conducted in developing countries shows maternal schooling to be a very strong and consistent predictor of reduced child mortality and morbidity. A deeper understanding calls for an investigation of how maternal schooling affects women's health-seeking behavior. Maternal education is said to be the corner stone in development of modern society. A mother is the principal provider of the primary care that her child needs during the first six years of his/her life. The type of care she provides depends to a large extent on her literacy, environment and awareness. Recently it has been noted that maternal literacy plays a powerful role in child growth and cognitive development in developing nations.

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Understanding of the knowledge and practices of the community regarding weaning practices, causes for early and late introducing supplementary food [1]. Therefore the present study was carried out to evaluate the social factors influencing weaning practices in rural community.

OBJECTIVE

To study the maternal education factors influencing on weaning practices in rural areas.

MATERIALS & METHODS

This cross sectional study was conducted in Shivanagi village, rural field practice area of Dept. of Community Medicine, BLDE Universitys Shri B.M.Patil Medical College Bijapur. All mothers (245) who had delivered a live baby during last two years were interviewed by doing door to door survey between January to June 2014. House to house survey was done to collect information about demographic sociocultural factors & weaning practices using a pre tested & pre designed Performa. Statistical analysis was done by Percentages, Proportions, and Chi Square tests. Ethical clearance was obtained from the Institutional Ethical Review committee and oral informed consent was obtained from mothers of children who participated in the study. The local lady (Anganawadi worker) assisted in collection of data.

RESULT AND DISCUSSION

The age of the respondent ranged from 15to39years.The data in the table revealed that most of the child bearing women belongs to the age group of 20-24 years (44%), followed by age group of 25-29 years (31%) and 15-19 years (13%) respectively. The lowest number of women only 1 percent was recorded in the age group of 35-39 years. Majority (49%) of the women had not entered the school, 24%studied up to primary, 19% completed secondary school education, and only 8 % had college / higher education. Out of 245mothers, 188 (77%) mothers belong to low socio economic class and 80%belongs to Hindu religion.

Majority (55.5%) of mothers (136) started weaning at 6months.Weaning was started below 6 months of infants by 27.34% mothers. 42 (17.14%) mothers had initiated weaning infants above 6 months. A study conducted Sharma M and Sharma S showed that 75% of rural mothers initiated weaning in babies below 6 months of age [2]. Moreover, lack of knowledge and misunderstandings among elderly women like mother-in law, who generally influence and guide child feeding practices in the family are often barriers to initiating complementary feeding at the correct age. Also the initiation and weaning is strongly influenced by cultural beliefs. Education of the mothers had a significant influence by the age of introduction of complementary food with a larger proportion of mothers with a higher

level of education introducing supplements earlier than less educated counterpart.

Infants and young children are at an increased risk of malnutrition from six months of age onwards, when breast milk alone is no longer sufficient to meet all their nutritional requirements and complementary feeding should be started. It has been shown in many studies that mothers in India are unable to start complementary feeding at the right time. The most common reason given for the delayed introduction of complementary feed was that mother felt their milk was enough for baby.

Weaning practices play a critical role in determining the nutritional status of the infants. Infant feeding practices has significant effect on child nutritional status. To prevent malnutrition infant should be given exclusive breast milk for the six months of age. An early introduction of the breast milk substitute and late introduction of semisolid complementary items are responsible for rapid increase in the prevalence of under nutrition during 6 -24 months of age. Mothers at home bears the prime responsibility for correct infant feeding practices, which largely dependent upon their correct knowledge and awareness for the same [3]. Growth of all Infants from the age of six months on words depends largely upon the provision of additional building materials supplied through complementary foods in order to help them grow into healthy and active adults. They need to be fed on a diet that provides all the nutrients and energy required for normal growth, vitamins and minerals to alleviate their hidden hunger and keep them strong. It is well-recognized fact that about half of Indian children under five mortality is directly or indirectly related to malnutrition. Infant feeding practices play a crucial role in determining a child's rate of growth and development. A point of great concern among nutritionists and health professionals is that improper feeding practices have not only continued to threaten the nutritional status of Indian Children but also the wellbeing of millions of children all over the world.

Introduction of timely, adequate and balanced complementary food is perhaps one of the most important single and direct remedial measures to combat infants' malnutrition. The education of the mothers is also considered to have a great impact on infants' nutritional status. The more a mother is knowledgeable the more she shall be able to help her child to grow nutritionally healthy as a young adult [4]. Knowledge of mothers about these factors will help in planning interventions to improve feeding practices [5]. It has been shown in many studies that mothers in India are unable to start complementary feeding at the right time.

Our study reveals that the association of literacy and initiation of complementary feeds at the recommended time was statistically significant ($p=0.0001$). Literate mothers were starting the complementary feeds at the recommended time compared

to illiterate mothers. Previous studies proved that knowledge of the mothers about proper weaning was significantly related to their educational level, where mothers of high educational level knew better about proper weaning than those of low educational level. Lack of knowledge on the importance of appropriate feeding for infant and young children and awareness of nutritional needs depends on educational levels [6].

The study result shows that about 42% of the mothers of infants had poor knowledge about the weaning process. 38% of the samples had average knowledge regarding weaning process and 20% of the mothers are well aware and had good knowledge regarding weaning process. The view of family members is also an important factor for affecting health of new born and his mother, but these views are influenced by socioeconomic

determinants of health, cultures and experiences. Timely weaning plays an important role in sound growth & development of a child. In our study, educated mothers were more receptive to the message of proper weaning passed to them during antenatal visits as suggested by association of time of initiation of weaning with mother's education & antenatal care received. Thus antenatal care turned out to be most significant factor in child's health as far as feeding & weaning practices are concerned. The reasons given for early weaning were majority of mothers did not know the correct period of weaning followed by insufficient milk. Some authors have reported that main reasons for difficulties in initiating breastfeeding were belief that just mother's milk was not sufficient, excessive crying, little milk, thinned milk [7].

Table 1. Socio Economic and Demographic Characteristics of the Respondents

Maternal Factors		Number	Percentage
Maternal Age	15-19	32	13
	20-24	108	44
	25-29	76	31
	30-34	26	11
	35-39	03	01
Literacy Status	Illiterate	120	49
	Primary	59	24
	Secondary	46	19
	College	20	08
Socio-Economic Status	Class- I	15	06
	Class- II	20	08
	Class- III	22	09
	Class- IV	51	21
	Class- V	137	56
Religion	Hindu	196	80
	Muslim	49	20

Table 2. Association between Literacy Status of the mother and weaning practice

Literacy Status	<6month	6month	>6month	Total
Illiterate	42	56	22	120
Primary	19	28	12	059
Secondary	06	32	08	046
College	-	020	-	020
Total	67	136	42	245

$$\chi^2=27.01 \text{ df}=6 \text{ p}<0.0001$$

CONCLUSION

Mother is prime nurturing figure for the child. Her views about feeding practices directly influence the health of the child. Wrong beliefs & traditions attached to child's feeding deeply rooted in all sections of community need to be replaced by broad & scientific messages. There

is strong and consistent correlation between maternal education and child health. We can conclude that, Education is must for better health. Investment in women education are important for lowering infant and child mortality and improving child health.

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