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# Awareness and knowledge about breastfeeding and weaning among rural and urban mothers

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#### Abstract

Breastfeeding is a fundamental human activity crucial for the well-being of both infants and mothers, holding significant economic value within household societies. Numerous studies have explored breastfeeding and weaning practices. While some researchers have examined postpartum mothers in urban and rural settings separately, there has been no comprehensive comparative study. Our research focuses on women living in both urban and rural areas of Meerut district, Uttar Pradesh, whose children are under six months old. This study aims to assess whether disparities exist in knowledge and awareness about breastfeeding and weaning practices between urban and rural women, potentially impacting child development. Specifically, we seek to decide if there is a divergence in breastfeeding awareness between these two groups. We employed a purposive random sampling design to select the study area and participants. The study was conducted in two villages and two urban areas within Meerut district. The smallest required sample size was 40, evenly divided between 20 female respondents from rural areas and 20 from urban areas. Remarkably, 100% of both rural and urban mothers showed awareness of the protective benefits associated with breastfeeding. Approximately 85% of urban mothers and 80% of rural mothers showed commendable understanding of colostrum, with urban mothers displaying a slightly higher level of awareness. In terms of recognizing the proper signs of breastfeeding in infants, urban mothers had a higher response rate compared to their rural counterparts. Upon analyzing the results, we conclude that there is not a significant difference in the level of knowledge and awareness between rural and urban lactating mothers. This study underscores that rural women are equally capable as urban women in various aspects, with urban women excelling in some criteria. However, it is important to note that urban women are less informed about certain aspects compared to their rural counterparts. Consequently, targeted interventions, particularly in urban areas, are essential to enhance knowledge and practices related to infant feeding. Such initiatives can contribute to improved infant health and overall well-being within the region.

Keywords: Lactating mothers, breastfeeding, weaning, urban, rural

#### Introduction

Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to household societies. WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development, and health? Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed up to 2 years or more. Ambike, Deepali & Ambike, Abhijit & Raje, Swati & Chincholikar, Sanjana. (2017)<sup>[2]</sup>. Weaning from breastfeeding is considered a natural and inevitable stage in the development of a human child. Weaning is a complex process involving adjustment to a range of nutritional, immunological, biochemical, and psychological changes. Weaning may mean the complete cessation of breastfeeding ('abrupt' or final wean) or the beginning of a gradual process of the introduction of complementary foods to the infant's diet. The very first introduction of foods other than breast milk is, by definition, the true beginning of weaning (Grueger B., Society C. P., Committee C. P. 2013)<sup>[5]</sup> (Al-Gashanin, M. A., & Ghazwani, E. Y. (2022)<sup>[5]</sup>.

Breastmilk supplies all the energy and nutrients that the infant needs for the first months of life, and it continues to supply up to half or more of a child's nutritional needs during the second half of the first year and up to one-third during the second year of life. (Brown K. H., Engle-Stone R., Krebs N. F., Peerson J. (2009)<sup>[3]</sup> (Al-Gashanin, M. A., & Ghazwani, E. Y. (2022)<sup>[1]</sup>.

From a strictly nutritional perspective, weaning is the gradual process of transitioning infants from mother's milk to complementary foods and to an older child's diet. (D'Auria, E., Bergamini, M., Staiano, A., Banderali, G., Pendezza, E., Penagini, F., Zuccotti, G. V., Peroni, D. G., & Italian Society of Pediatrics (2018).

Mohammed, E. S., Ghazawy, E. R., & Hassan, E. E. (2014)<sup>[8]</sup> conducted a study in rural egypt where they found that all the studied mothers knew that breastfeeding is the best nutritional source for the baby. Most of the mothers had good knowledge about the advantages of breastfeeding for their child. As regards weaning, the majority (92.5%) of the mothers defined weaning as breastfeeding cessation. Most of the mothers (94.8%) agreed that breastfeeding protect child from infection, 96.1% agreed that it is the healthiest for infant, 76.5% agreed that breast milk led to loss of figure, and 83.4% agreed that breastfeeding should be avoided during mother's illness. Joshi, Sumedha & Srivathsan, Mayakalyani & Velankar, Deepa. (2018) <sup>[7]</sup> conducted a cross-sectional, observational KAP (Knowledge, Attitude, and Practices) study in the Antenatal care OPD of a tertiary care hospital in Navi Mumbai. In their study, it was found that higher literacy was associated with better knowledge regarding breastfeeding and newborn care. A majority (90%) of women stated they would initiate breastfeeding immediately showing that there is adequate information available to them about the benefits of early initiation. Suhag, Md. Abdul & Akter, Mahbuba. (2020) <sup>[9]</sup>. Majority (n-81) 81% of the respondents answered 6 months, (n-9) 9% of the respondents answered 5 months, (n-1) 1% respondents answered 6-12 months and (n-9) 9%. The result shows the knowledge of mothers about the benefits of breast milk. Three fourth (n-75) 75% of the respondents did not know about the benefits of breast milk and (n-25) 25% of respondents were known about it.

The overall knowledge of weaning was good in 159(50.5%) mothers and 133(42.2%) had satisfactory knowledge. Faiz, Wizra & Fayyaz, Zahra & Najib, Yamna & Rehman, Abdul & Noreen, Sana & Malik, Muhammad & Sadiqa, Ayesha & Kanwal, Rabia. (2022)<sup>[4]</sup>.

The women in this study had a moderate level of understanding regarding the aspects of breastfeeding, weaning practices, and complementary dietary requirements during weaning. Jabeen A, Rahman Amberina A, Gayathri V, et al. (September 05, 2022)<sup>[6]</sup> respondents answer didn't know.

#### Methodology

The research design serves as the foundational framework within which research activities are conducted, easing the organization of various research processes, and ensuring their systematic progression. A well-crafted study design plays a pivotal role in setting up the parameters for data collection and analysis, striking a balance between alignment with research aims and cost-effectiveness. In this study, a descriptive research design was meticulously formulated to align with the study's overarching goals.

Descriptive studies are particularly suited for scenarios where researchers lack control over variables, and their primary focus is on the enumeration and reporting of existing conditions. These studies are indispensable in ensuring the seamless execution of various research operations in a methodical manner. In this endeavor, a Purposive Random sampling design was employed to carefully select the study area and the participants. This process encompassed the selection of the city, the choice of locale within that city, and the identification of suitable respondents.

The present study, focused on assessing the knowledge and awareness of breastfeeding and weaning among postpartum mothers, was conducted in both urban and rural areas within the Meerut District of Uttar Pradesh. The selection of this specific locale was driven by the research's aim to comprehensively evaluate the understanding and awareness levels of mothers about breastfeeding and weaning practices.

The study's smallest sample size was set at 40 participants, evenly divided into 20 female respondents from rural areas and 20 from urban areas. The findings presented here offer a structured analysis of the data collected during the research process. Utilizing composite tabulations and statistical techniques such as frequency and percentage calculations, the distribution of respondents across various variables is systematically examined. This analytical approach harmoniously aligns with the aims outlined in this chapter, easing a cohesive exploration of the subject matter.

### **Results and Discussion**

This section presents the results of this study, entitled Awareness and Knowledge about Breastfeeding and Weaning among Rural and Urban Mothers of Meerut District, Uttar Pradesh identified using the prescribed methodology. The entire explanatory chapter has been analyzed based on data collection. Subject findings are constructed through composite tabulations, and statistical applications (frequency and percentage) are applied to examine the distribution of respondents by variable.

It can be portrayed from table 1 that all the urban and rural lactating women were aware about protective benefits of breast feeding (100%). In case of awareness about exclusive breast feeding 85% of urban women and 80% of rural women were shown great output when the researcher asked about initiation of breast milk after delivery 85% urban women and 65% of rural women were aware about correct timing. Most of the rural and urban lactating mothers were aware about the nutritionist component of breast milk and the score is 75%.

Table 1: Knowledge and awareness among lactating mothers about breastfeeding (n=40)

S.no.	Knowledge Criteria	Rural wo	men(n=20)	Urban women (n=20)		
		Frequency	Percentage	Frequency	Percentage	
1.	Knowledge about first feeding after delivery	13	65%	17	85%	
2.	Aware about colostrum	12	60%	20	100%	
3.	Aware about exclusive breastfeeding	16	80%	17	85%	
4.	Aware about adequate sign of breastfeeding to the baby	02	10%	11	55%	
5.	Clean breast before feeding with wet wipe	08	40%	13	65%	
6.	Aware about nutritional components of breastmilk.	15	75%	15	75%	
7.	Aware about protective benefits of breastfeeding	20	100%	20	100%	

Fig. 1 supplies valuable insights into the practices of lactating mothers in both urban and rural settings. 65% of urban

lactating mothers employ wet wipes to clean their breasts before breastfeeding, while the corresponding figure for rural women is notably lower at 40%.

When inquiring about colostrum, all urban women responded exceptionally, achieving a perfect score of 100%, while rural lactating women achieved a commendable score of 60%.

In terms of recognizing adequate signs of breastfeeding for their infants, both rural and urban lactating women displayed varying levels of responsiveness. Rural women showed the least response, with only 10% acknowledging these signs, while urban lactating women showed a higher level of awareness, with 55% recognizing the adequate signs of breastfeeding for them.

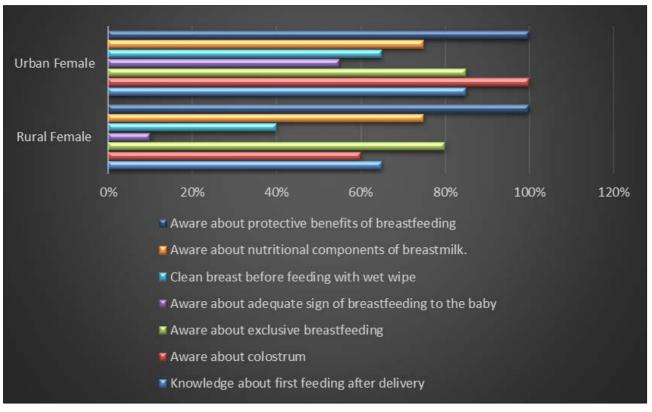


Fig 1: Knowledge and Awareness among lactating mothers about Breastfeeding

The information presented in Fig 2 delves into the understanding of weaning and infant feeding among lactating mothers in both rural and urban contexts. The data clearly shows that 95% of rural lactating women have knowledge about the right timing to begin weaning. In stark contrast, urban women proved the lowest level of awareness in all evaluated criteria, with only 15% displaying knowledge in this regard.

after 6 months and mashed cereals and vegetables should be given during 7-9 months for urban lactating women were 100% in both the criteria's and among rural women were 60% and 55% respectively rural lactating women; score was lower for meaning of complementary feeding (55%) in comparison to urban women (80%). While score for the initiation of solid food for 10-12 months 45% & 40% rural and urban women were aware about that.

Score regarding awareness about semisolid food can be given

S. No.	Criteria of assessment	Rural women (n=20)		Urban women (n=20)	
		Frequency	Percentage	Frequency	Percentage
1.	Know about meaning of complementary feeding	11	55%	16	80%
2.	Correct time to start weaning	19	95%	03	15%
3.	Aware that semi solid food can be given after 6 months	10	50%	20	100%
4.	Aware that mashed cereals and vegetables should be given for 7-9 months	13	65%	20	100%
5.	Can switch to the solid food for 10-12 months	09	45%	08	40%

Table 2. Knowledge among	lactating mothers about	Weaning and Infant feeding (n=40)
<b>Table 2.</b> Knowledge among	factating motifers about	wearing and main recurring (n=+0)

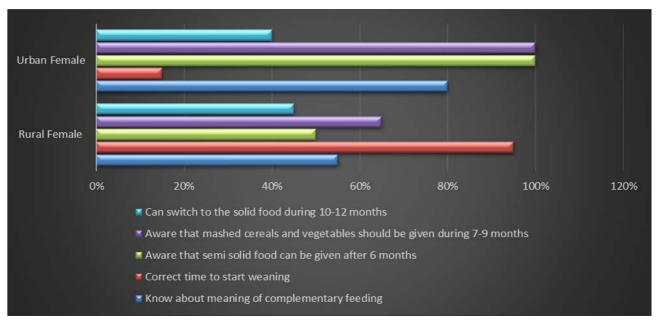


Fig 2: Knowledge among lactating mothers about Weaning and Infant feeding

# Conclusion

### **Awareness of Breastfeeding Benefits**

100% awareness among both rural and urban mothers about breastfeeding's protective benefits.

Approximately 85% of urban mothers understand the concept of exclusive breastfeeding. About 80% of rural mothers understand the concept of exclusive breastfeeding. A significant percentage of both groups are aware of the correct timing for initiating breastfeeding after delivery, highlighting the importance of this knowledge.

#### Awareness about Colostrum and Infant Feeding Signs

Urban mothers show a higher level of awareness about colostrum compared to rural mothers. Urban mothers have a higher response rate in recognizing adequate signs of breastfeeding in infants compared to rural mothers.

# **Knowledge about Weaning Practices**

95% of rural mothers know the correct time to start weaning. Urban mothers also have awareness (80%) about the correct time to start weaning. Awareness about introducing semisolid food after 6 months is excellent among urban mothers (100%) but lower among rural mothers (50%). Awareness about introducing mashed cereals and vegetables for 7-9 months is excellent among urban mothers (100%) but lower among rural mothers (65%).

# **Initiation of Solid Food**

Around 45% of rural mothers are aware of the proper timing for starting solid food for 10-12 months. Approximately 40% of urban mothers are aware of the proper timing for starting solid food for 10-12 months.

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