

Knowledge of Recommended Weaning Practices Prevalent Among Urban Mothers

Gadhavi Rajshri Ambadan* and Serene Shekhar

¹Post Graduate Student and ²Assistant Professor

Department Home Science Extension and Communication Management,
Sardarkrushinagar Dantiwada Agricultural University, Gujarat

*Corresponding Author E-mail: shekhar.sdau@gmail.com

Received: 19.06.2017 | Revised: 26.07.2017 | Accepted: 4.08.2017

ABSTRACT

The present study was conducted in Palanpur Taluka, Banaskantha District of Gujarat State for post graduate thesis in Department Home Science Extension and Communication Management, Sardarkrushinagar Dantiwada Agricultural University. The aim of the study was to find knowledge of recommended weaning practices among urban mothers. Randomly selected 80 respondents were considered as sample for the study. A pre-structured interview schedule was used to measure independent variables (age of respondents, age of youngest child, education, caste category, family type, family size, family occupation and mass media exposure) and dependent variable (Knowledge of weaning). The interview schedule was developed by expert jury method. Data was collected by personal interview technique. Statistical analysis was done by computing, frequency, percentage, standard deviation, and correlation co-efficient. The findings revealed that 56.25 per cent of the respondents were having correct weaning knowledge up to medium extend. Only half of the respondents were aware of the fact that weaning should be started only when child reaches six month of age. Merely, 38.75 per cent of the respondents had knowledge that 'weaning means adding other types of food beside breast milk' and only 26.25 per cent of the respondents had knowledge that 'breast milk should be continued till the child reaches two year of age'. Majority of the respondents (72.50 per cent) had knowledge that weaning should be child led. It was also found that very less percentage of respondents had knowledge regarding the correct age for introduction of weaning food such as: Cow's milk and honey by merely 00.25 per cent of respondents, wheat (five per cent), Peanuts (37.25 per cent) and curd (53.75 per cent). It was found that majority of respondents had sufficient knowledge regarding handling the problems like illness, that occur during weaning. It was found that very less per cent of the respondents had knowledge regarding foods to be avoided during weaning. Regarding knowledge about basic hygiene during weaning it was found that 88.75 per cent of the respondents had knowledge regarding "washing the utensil with vim/detergent", but only 67.50 per cent of the respondents had knowledge "one should not wash utensil with mud". It was found that very less per cent of the respondents were gaining information regarding weaning from Doctor (16.25 per cent) and Nurse (10 per cent). Weaning knowledge had positive and significant association with age, education income and mass media. This means that with increase in age, education income and mass media of the respondents weaning knowledge increases. Thus wide publicity should be given to the aspects of weaning through media that could consequently bring change in attitude of the people.

Key words: Weaning, knowledge, urban, mothers, children (06-24 months)

Cite this article: Ambadan, G.R. and Shekhar, S., Knowledge of Recommended Weaning Practices Prevalent Among Urban Mothers, *Int. J. Pure App. Biosci.* 6(1): 101-109 (2018). doi: <http://dx.doi.org/10.18782/2320-7051.4099>

INTRODUCTION

Breast Feed is the first fundamental right of the child. The initiation of breast feeding and the timely introduction of adequate safe and appropriate complementary foods in conjunction with continued breast feeding are of prime importance for the growth, development, health and nutrition of infants and children everywhere. Weaning is a process of gradual introduction of semisolid foods and liquids other than breast milk to an infant to facilitate optimal growth. The ideal age of weaning is six months. It is a gradual process but, by the time they are one year old, most children will be eating chopped, mashed family food. Malnutrition is also another common problem during weaning due to lack of knowledge and special needs of growing child.

Objective:

1. To study personal, socio-economic and communicational characteristics of urban respondents
2. To determine and compare prevalence of recommended weaning practices among urban respondents
3. To find reasons, if any, for non-adoption of recommended weaning practices among urban respondents
4. To find out association between personal, socio-economic, communicational characteristics and prevalence of recommended weaning practices among urban respondents

Operational Definition:

- Weaning: Systematic introduction of liquid, semi-solid and solid foods along with breast milk to infants at right age (06 month) and continued till 02 years of child's age in adequate quantity, quality, frequency and hygiene.
- Mothers: Refers to biological mother of child in age group of 0-2 years and who are residing in urban area.
- Recommended practice: Weaning practice as suggested by WHO in bulletin entitled

“Guiding principles for complementary feeding of the breastfed child”.

- Knowledge: Refers to response given by weaning mothers for awareness and understanding of scientific recommendation of weaning i.e. initiation of weaning, type of initial foods, accurate quantity of food and frequency of feeding, hygienic preparation and problems during weaning.

MATERIALS AND METHODS

The present study aims to investigate knowledge of recommended weaning prevalent among urban mothers”. The present study was conducted in Palanpur Taluka, Banaskantha District of Gujarat State. Palanpur city being the only city in Taluka was purposively selected for the study. The present study is descriptive type of research which is used to describe characteristics of a population or phenomenon being studied. Representative samples of 80 respondents from urban area were selected by following random sampling procedure. Considering the suitability of the variables for the present topic of research the following independent variables were studied: age of respondents, age of youngest child, education, caste category, family type, family size, family occupation and mass media exposure. Knowledge of recommended weaning practice was studied as dependent variable. The interview schedule was developed under guidance of major advisor and the suggestions given by expert jury were incorporated. Data was collected by personal interview technique. Statistical analysis was done by computing, frequency, percentage, standard deviation, and correlation coefficient³.

Scale development:

In the first instant 59 questions were constructed and given to three experts for their opinion about suitability of the content. On the opinion of the experts, five questions were deleted, two were modified and one question was added. Later the scale had 50 questions.

Sr. No.	Dimensions of Weaning	No. of questions	After Expert Advice Total number of questions
1.	Understanding weaning concept	06	04
2.	Methods of weaning	09	06
3.	Weaning foods	18	13
4.	Frequency of feeding during weaning	03	03
5.	Problems faced during weaning	08	08
6.	Foods to be avoided during weaning	05	08
7.	Basic hygiene during weaning	10	08
	Total:	59	50

The response of the respondents for measurement of 'knowledge level' was sought on two point scales w i.e. 'Aware' and 'Not aware' which were scored as 2 and 1 respectively. The response of the respondents for measurement of 'weaning practice' was measured on two point scales i.e. 'Yes' and 'No' which were scored as 2 and 1 respectively.

Validity:

The scale was sent to three experts from the field of pediatrician, gynecologist and senior extension educationists i.e. Dr. N. Vohra (Pediatrician, Female Hospital, Palanpur), Dr. K. Gadhavi (Pediatrician, Karni Hospital, Deesa), Dr. J. Majethiya (Gynecologist, Janani Hospital, Palanpur) and HOD, Department of Home Science Extension, S. D. A. U, S. K Nagar; for their opinion and comments on the scale. The scale was modified, items deleted and added and the language of the interview schedule was reframed. The scale was finalized only when the entire expert were satisfied with the items.

RESULT AND DISCUSSION

Personal, socio-economic and communicational characteristics of urban respondents

The findings regarding basic profile is given in Table1, revealed that half of the respondents belonged to age group of 23-28 years, 62.05 per cent of respondents had child belonging to age group of 03 – 10 months, 37.05 per cent of the respondents were educated till Higher secondary, 58.75 per cent of the respondents belonged to SEBC, 80 per cent of the respondents were member of nuclear family,

63.75 per cent of the respondents belonged to small family size, 57.05 per cent of the respondents belonged to low income group, majority (77.50 per cent) of the urban respondents were involved in housekeeping, 83.75 per cent of the respondents' spouse were involved in business or private job, 43.75 per cent of the respondents had medium level of mass media exposure.

Knowledge regarding recommended weaning practices:

The knowledge regarding recommended weaning practices was studied under seven dimensions i.e. weaning concept, method, types of weaning food, frequency of feeding, problem during weaning, food to be avoided during weaning and basic hygiene during weaning. It was found (Table2) that 56.25 per cent of the respondents were having correct weaning knowledge up to medium extend, followed by 22.50 per cent to higher extend and 21.25 per cent of respondents were having weaning knowledge to lower extend.

Knowledge of respondents in varied dimensions of weaning:

Dimension I: Weaning Concept:

The findings regarding Knowledge of respondents in varied dimensions of weaning given in Table3 revealed that only half of the respondents were aware of the fact that weaning should be started only when child reaches six month of age. Merely, 38.75 per cent of the respondents had knowledge that 'weaning means adding other types of food beside breast milk' and only 26.25 per cent of the respondents had knowledge that 'breast milk should be continued till the child reaches two year of age'. Though, majority (95 per

cent) of respondents were having knowledge that weaning is also the time of learning and love. The findings are similar to the findings of Ekambaram *et al.*⁴, Aggrawal *et al.*¹ and Ram⁵. Ekambaram *et al.*⁴ reported that the knowledge of the mothers was inadequate in areas of time of initiation of breastfeeding (92 per cent), colostrum feeding (56 per cent), duration of exclusive breastfeeding (38 per cent), knowledge on expressed breastmilk (51 per cent) and continuation of breastfeeding while baby is sick. Ram⁵ showed the practices about the complementary feeding and found that one fifth (16.69 per cent) had practice of exclusive breast feeding less than 3 months and 1 in every 14 mother breast fed her child exclusively for less than one month. However, it was observed that 8.9 per cent mothers had practice of exclusive breast feeding more than 6 months. The commonest reason for prolonged exclusive breast feeding was their perception of breast milk being enough for their children and few (1.81 per cent) did not know why they were practicing so.

Aggrawal *et al.*¹ it was found that 16 per cent were not started on complementary feeding at all, and only 17.5 per cent received complementary feeding from 6 months. The mean age of starting feeds was 13.37 months. Quantity was adequate in 25 per cent and consistency of food was thick in 38 per cent cases. Only 3.5 per cent mothers started CF at proper time, in adequate quantity and with proper consistency. Knowledge of proper timing was present in 46 per cent of children, adequate quantity in 46.5 per cent and thick consistency in 25.5 per cent. Only 8 per cent mothers had proper knowledge of all three aspects of CF. Knowledge regarding appropriate timing and consistency varied significantly with maternal education and paternal education (Chi-square $P < 0.05$). On multiple logistic regression only maternal education of graduate level correlated with knowledge of timing of CF ($P = 0.089$, or -3.5 , CI 0.826-15.2). Most common reason for inappropriate practice in 154 mothers who delayed feeds was "tried but did not eat, vomits everything" (52 per cent). He further

reported on basis of hospital based study in India in 2006 and found that only 54.0 per cent of mothers had correct knowledge about the recommended time for starting complementary feeds and only 35.0 per cent had practiced it properly. He found that 77.0 per cent had delayed complementary feeding and 5.5 per cent started complementary feeding early.

Dimension II: Weaning Method

It is evident from Table 3, that majority of the respondents had knowledge that "weaning should be child led (72.50 per cent), gradual and patient (93.75 per cent), involve encouragement (98.75 per cent) and mother should talk to the child while feeding (91.25 per cent)." Ekambaram *et al.*⁴, also found that the knowledge on expressed breast milk was by 51 per cent of the mothers. But it was found that only 36.25 per cent of respondents had knowledge that "mother should maintain eye contact during weaning" and merely 38.75 per cent of the respondents had knowledge that "menu should be planned for weaning to meet nutritional requirement".

Dimension III: Type of weaning food and its initiation

It was found from Table 3, that majority of the respondents had knowledge regarding consistency of weaning food to be given. It was also found that very less percentage of respondents had knowledge regarding the correct age for introduction of weaning food such as: Cow's milk and honey by 00.25 per cent of respondents, wheat (five per cent), Peanuts (37.25 per cent) and curd (53.75 per cent). Aggarwal¹ reported that knowledge of proper timing in 46.00 per cent of mothers, adequate quantity in 46.5 per cent and thick consistency in 25.5 per cent. Only 8.0 per cent mothers had proper knowledge of all three aspects of complementary feeding.

Dimension IV: Frequency of feeding

It can be revealed from Table 3, that majority (98.75 per cent) of the respondents had knowledge that "beside breast fed, 6 to 8 month infant should be fed with complementary food for 2 to 3 times". Further, it was found that only 40 per cent of respondents had knowledge that "beside breast

feed, 9 to 12 month infant should be fed with complementary food for 3 to 4 times". It was also found that 41.25 per cent had respondents had knowledge "beside breast feed to 12 to 24 month 3 to 4 times along with 1to2 time's snacks".

Dimension IV: Problem during weaning

It was found that majority of respondents had sufficient knowledge regarding handling the problems that occur during weaning (Table 3). Further it was found that 93.75 per cent of mother had knowledge regarding continuing breast feeding during child illness. The findings of Ekambaram *et al.*⁴, reported that 51 per cent of respondent were aware about continuation of breastfeeding while baby is sick. But it was found that only thirty per cent of the respondents were aware that after the child recovers from illness, then mother should increasing frequency of food so as to overcome nutritional loss.

Dimension V: Food to be avoided during weaning

It was found from Table 3, that very less per cent of the respondents had knowledge regarding foods to be avoided during weaning i.e., half- boiled egg by only 33.75 per cent of the respondents, followed by soda (55 per cent), tea (55 per cent), unbilled cow's milk (70 per cent) and coffee by 67.5 per cent of the respondents.

Dimension VI: Basic hygiene during weaning

It was found from Table 3 that that 88.75 per cent of the respondents had knowledge regarding "washing the utensil with vim/detergent", but only 67.50 per cent of the respondents had knowledge "one should not wash utensil with mud". Further, it was found that 55.00 per cent of the respondents had knowledge that "the bottles should be sterilizing by boiling for 10-15 minute before using" but only 42.5 per cent of the respondents had knowledge that "the bottles should be sterilizing every time before use". It was also found that 98.75 per cent of the respondents had knowledge that "one should wash hand before weaning preparations" but only 48.75 per cent of the respondents had knowledge that "one should not taste food using infant spoon".

Sources of information for weaning:

It is evident from Table 4, that majority of the information regarding weaning is provided by relatives (81.25 per cent), Neighborhoods (80 per cent), elder person (78.75 per cent), mother in law (75 per cent). It was found that very less per cent of the respondents were gaining information regarding weaning from Doctor (16.25 per cent), Nurse (10 per cent) and Anganwadi worker (3.75 per cent)

The mass media that has major responsibility of disseminating information plays very minimal role in giving weaning information that is book and literature (22.5 per cent), T.V (21.25 per cent) and literature by hospital of (16.25 per cent), radio (3.75 per cent).

Correlation between weaning knowledge and personal, socio-economic, communicational characteristics among urban respondents (n=80)

It can be inferred from table 5 that weaning knowledge had positive and significant association with age, education income and mass media. This means that with increase in age, education income and mass media of the respondents weaning knowledge increases.

Chapagain⁶ found that mothers educational level, type of family and religion of the family were strongly associated with appropriate feeding. Educated mother had high rate of ideal feeding than the uneducated mother ($p=0.008$). Ananda *et al.*² reported that the weaning practices that are followed depend on the knowledge, beliefs and attitude of the mother. The practices are passed from one generation to other as every young mother is supported by her mother or mother-in-law during early period of motherhood. Hence this study was conducted to know the common weaning practices. Ram⁵ found that mothers education, type of family and religion of the family were strongly associated with the appropriate feeding. Educated mother had high rate of ideal feeding than the uneducated mother ($p=0.008$). Mothers from joint family had high chance of feeding their child appropriately than mother from nuclear family ($p=0.003$). Similarly, religion ($p=0.03$) also had significantly affected the ideal feeding

Table1: Distribution of respondents according to their personal, socio-economic and communicational characteristics

Variables		Frequency	Per cent
Age (Years)	17 - 22	10	12.05
	23 - 28	40	50.00
	29 – 34	30	37.05
Age of Child (month)	3 -10	50	62.05
	11 - 18	28	35.00
	19 -24	02	02.05
Respondents' Education	Illiterate	14	17.05
	Primary (till 8 th)	08	10.00
	Middle (9 th -10 th)	06	07.05
	Higher secondary (11 th -12 th)	30	37.05
	Under graduate and above	22	27.05
Caste category	General	16	06.25
	SEBC	47	58.75
	SC/ST	17	21.25
Type of family	Joint family	16	20.00
	Nuclear family	64	80.00
Family size	Small (up to 4 members)	51	63.75
	Medium (5 - 8 members)	16	20.00
	Large (above 8 members)	13	16.25
Monthly Family Income	Low (\leq ₹3,798.44)	46	57.05
	Medium (₹3,798.45-16,561.55)	16	20.00
	High (\geq ₹16,561.56)	18	22.05
Respondents occupation	Housekeeping only	62	77.50
	Housekeeping +Government job	05	06.25
	Housekeeping +Business + Private Job	13	16.25
Spouse occupation	Government job	13	16.25
	Business + Private Job	67	83.75
Mass media exposure	Low(7 to 10)	25	31.25
	Medium (11 to 14)	35	43.75
	High (15 to 18)	20	25.00

Table2: Distribution of the respondents according to overall weaning knowledge

Sr. No	Overall Weaning knowledge	Frequency	Per cent
1.	Low (\leq 82)	17	21.25
2.	Medium (83-87)	45	56.25
3.	High (\geq 88)	18	22.50

Table 3: Distribution of respondents according to knowledge regarding various dimensions of weaning

Sr. No.	Dimension I: Weaning concept	Frequency	Per cent
1.	Weaning should be started at 6 month	40	50.00
2.	Weaning means adding other types of food beside breast milk	31	38.75
3.	Breast feed should be continued on demand till 2 year	21	26.25
4.	Weaning is time of learning and love	76	95.00
	Dimension II: Weaning method	Frequency	Per cent
5.	Weaning should be child –led	58	72.50
6.	Weaning should be gradual and patient	75	93.75
7.	Weaning should involve encouragement of the child to eat	79	98.75
8.	The mother should talk to the child while weaning	73	91.25
9.	The mother should maintain eye contact during weaning	29	36.25
10.	Menu should be planned for weaning to meet nutritional requirement	31	38.75
	Dimension III: Types of weaning food and its initiation:	Frequency	Per cent
11.	Wheat should be introduced only after 6 month of age	04	05.00
12.	Curd should be introduced to child after 6 month	43	53.75
13.	Semi liquid food can be fed to the baby at 6 month	78	97.50
14.	Rice soup can be initially fed to the baby i.e., at 6 month	78	97.50
15.	Fruit juices can be introduced initially to the baby i.e., at 6 month	80	100.00
16.	Cow's milk should be introduced after 12 month of age	01	00.25
17.	Finger food can be provided only after 12 month	58	72.50
18.	After 12 month the child can consume the same type of food as by the rest of the family	78	97.50
19.	Honey should be introduced only after 24 month(2-year)	01	00.25
20.	Egg should be introduced to the child after 24 months(2-year)	74	92.50
21.	Peanuts should be introduced to the child after 36 month (3years)	30	37.50
22.	Vitamin A rich food should be given daily such as papaya, orange, mango etc.	58	72.50
23.	Gradually fruit pulp or semi-solid cereal can be introduced to the baby	77	96.25
	Dimension IV: Frequency of feeding	Frequency	Per cent
24.	Beside breast fed 6 to 8 month infant should be fed with complementary food for 2to3 times	79	98.75
25.	Beside breast fed 9 to 12 month infant should be fed with complementary food for 3 to 4 times?	32	40.00
26.	Beside breast fed to 12 to 24 month 3to 4 times along with 1to2 time's snacks	33	41.25
	Dimension V: Problem during weaning:	Frequency	Per cent
27.	If child refuses food than mother should experiment with different food combinations	80	100
28.	If child refuses food than mother should experiment with different taste	77	96.25
29.	If child refuses food than mother should experiment with different texture	74	92.50
30.	During child illness, fluid intake should be encourage	37	46.25
31.	During child illness, he/she should be provided with soft food	47	58.75
32.	During child illness, mother should provide more of breast milk, if child demands.	75	93.75
33.	During illness complementary food should be given to maintain nutrient intake	78	97.50
34.	After child recover from illness, then mother should increasing frequency of food so as to overcome nutritional loss	24	30.00
	Dimension VI: Food to be avoided during weaning:	Frequency	Per cent
35.	Tea should be avoided because is hinder iron absorptions	44	55.00

36.	Coffee should be avoided because is hinder iron absorptions	54	67.50
37.	Whole Nuts should be avoided because it can cause choking	78	97.50
38.	Whole Grapes should be avoided because it can cause choking	79	98.75
39.	Row carrot should be avoided because it can cause choking	77	96.25
40.	Soda should be avoided because it provide less of energy and decrease apatite	44	55.00
41.	Un-boiled cow milk should never be given to child	56	70.00
42.	Child should not be served with Half- boiled egg	27	33.75
	Dimension VII: Basic hygiene during weaning:	Frequency	Per cent
43.	One should wash utensil with soap/detergent	71	88.75
44.	One should not wash utensil with mud	54	67.50
45.	The bottles should be sterilized by boiling for 10-15 minute before using	44	55.00
46.	The bottles should be sterilized every time before use	34	42.50
47.	One should wash hand before weaning preparations	79	98.75
48.	One should not taste food using infant spoon	39	48.75
49.	Infant food should be safely stored before serving	79	98.75
50.	Infant food should be serving immediately after preparation	78	97.50

Table4: Distribution of respondents according sources of information for weaning n=80

	Sources of information for weaning:	Frequency	Per cent
1.	Doctors	13	16.25
2.	Nurse	08	10.00
3.	Anganwadi worker	03	3.75
4.	Relatives and friend	65	81.25
5.	Neighborhoods	64	80.00
6.	Elder person	63	78.75
7.	Mother in law	60	75.00
8.	Radio	03	3.75
9.	Television	17	21.25
10.	Book and literature	18	22.50
11.	Literature by hospital	13	16.25

Table5: Correlation between weaning knowledge and personal, socio-economic, communicational characteristics among urban respondents (n=80)

Sr. no	Independent variables	Dependent variables
		Weaning Knowledge (Y ₁) Correlation coefficient of (r) value
1.	Age (X ₁)	0.183*
2.	Education (X ₃)	0.446*
3.	Caste categories (X ₄)	0.0781 ^{NS}
4.	Family type (X ₅)	-0.1129 ^{NS}
5.	Family Size (X ₆)	0.2017 ^{NS}
6.	Income (X ₇)	0.321*
7.	Occupation (X ₈)	-0.0448 ^{NS}
8.	Mass media exposure (X ₁₃)	0.332*

* Significant at 5 per cent level;

CONCLUSION

The present study showed that respondents have medium weaning knowledge as well as weaning practices. Our mass media such as hospital and anganwadi centers are still not the information hub for the respondents regarding weaning rather the respondents still rely on friends and relatives for weaning information. Thus, the change could be possible only if wide publicity is given to the topic, through media that could consequently bring change in attitude of the people.

REFERENCES

1. Aggrawal, A., Verma, S., Feridi, M. A. and Chand, D. Complementary feeding reasons for in appropriateness in Timing, Quality and consistency. *Indian Journal Pediatrics*. **75**: 49-56 (2008).
2. Ananda, T.S., Rangaswamy, K, B., Viswanatha Kuma, Weaning practices in rural Tumkur. *Current pediatric research*. **17(2)**: 115-117 (2013).
3. Sahu P. K. Agriculture and applied statistics-I, First Edition, Kalyani Publishers. New Delhi (2010).
4. Ekambaram, M., Bhat, V.B. and Ahamed, M.A. Knowledge attitude and practice of breastfeeding among postnatal mothers. *Current Pediatric Reserech* **14(2)**: 119-124 (2010).
5. Ram Hari Chapagain, A study on Knowledge and practices of mothers of infant and young child on complementary feeding, *Thesis (Unpublished)*. Kathmandu, Nepal (2012).
6. Chapagain RH1 Factors Affecting Complementary Feeding Practices of Nepali Mothers for 6 Months to 24 Months Children. *Journal of Nepal Health Research Council*. **11(24)**: 205-7 (2013).
7. Dewey, K.G. and Brown, K.H. Nutrition, growth and complementary feeding of the breastfed infant. Update on technical issues concerning complementary feeding of young children in developing countries and implications for intervention programs. *Food Nutrition. Bull, in press. Pediatric Clinics of North America is a clinical medical journal*. **48**: 87-104 (2002).
8. Edegbai, B. Influence of health information and education on lactation among mothers attending post natal clinics of family health centres. Abeokuta. *Nigerian School Health Journal* **10(1)**: (2001).
9. Kulkarni, R.N., Anjenaya, S. and Gujar, R Breastfeeding practices in an urban community of Kalamboli, Navi Mumbai. *Indian Journal of Community Medicine*. **24(4)**: 179-80 (2004).
10. Pandey S, Tiwari K, Senarath U, Agho KE and Bibley MJ. Determinants of infant and young child feeding practices of Nepal: Secondary data analysis of DHS. *Food and Nutrition Bulletin*. **31(2)**: 334-51 (2006).
11. Swati Kambli, Mother's Knowledge Regarding Weaning Process in Infants International. *Journal of Science and Research*. **3(7)**: 2319-7064 (2012).
12. WHO Indicators for assessing Breastfeeding practices. .14-99. Geneva (1999).
13. WHO The global burden of disease update Geneva. Black RE. Maternal and child under nutrition: global and regional exposures and health consequences. *Lancet*. **371**: 243–60 (2008).
14. WHO Global Data Bank on infant and young child feeding. Geneva (2009).
15. WHO and UNICEF Statement. protecting, promoting and supporting breast-feeding: the special role of maternity services. Malaysia: IBFAN Sdn Bhd (1989).
16. WHO and UNICEF Complementary feeding of young children in developing Countries.a review of current scientific knowledge. Geneva. *World Health Organization, WHO/NUT/98*. (1998).