

# **Mothers' Practices toward Weaning Pattern for Children within Two Years of Age**

**Thesis**

**Submitted in Partial Fulfillment of the Requirements  
of Master Degree in Community Health Nursing**

**By**

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# **Mothers' Practices toward Weaning Pattern for Children within Two Years of Age**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# قالوا

لَسْبَدَانِكَ لَا نَعْلَمُ لَنَا  
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ  
الْعَلِيمُ الْعَظِيمُ

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## **List of Abbreviations**

<i>Abbr.</i>	<i>Full-term</i>
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<b>ARTI</b>	: Acute Respiratory Tract Infections
<b>BM</b>	: Breast Milk
<b>CM</b>	: Cow's Milk
<b>FM</b>	: Formula Milk
<b>Hb</b>	: Hemoglobin
<b>SD</b>	: Standard Deviation
<b>SPSS</b>	: Statistical Package for Social Science
<b>UNICEF</b>	: United Nations International Children's Emergency Fund
<b>WHO</b>	: World Health Organization

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## **Mothers' Practices toward Weaning Pattern for Children within Two Years of Age**

### **ABSTRACT**

**Background:** In fact, nutrition in the early years of life is a major determinant of healthy growth and development throughout childhood and of good health in adulthood. So weaning very important because they affect child's health status. **Aim:** The study aimed to identify mothers' practices toward weaning pattern for children within two years of age. **Study design:** a descriptive analytical study was used to conduct this study. **Subject:** purposive sample was composed of 240 children and their mothers. **Sitting:** This study was carried out at Maternal-Child Health center Of El Azab, at Sharabia district. **Methods:** The study involved 240 children within two years of age and their mothers at the previously mentioned setting. Data was gathered over 3-months period. **Tools:** The tools of data collection included interviewing questionnaire to assess mothers' knowledge and practices regarding weaning pattern and physical assessment scale (Deviant development scale) for assess growth and development of infants such as weight, height according to age per months. **Results:** there are statistically significant associations between total mothers' practices and the child's health status and current complaint. The most health problems regarding weaning pattern are 28.2% diarrhea, 19.5% gastric enteritis, 13.7% vomiting and 15% food allergies. **Conclusion:** 86.7% of housewife's mothers have average knowledge and 85.3% of them has inadequate practices regarding weaning and 25% of employee's mothers have good knowledge and 14.7% of them have inadequate practices regarding weaning pattern. **Recommendations:** This study recommended that: Increase mother's knowledge during their visits to MCH centers. In addition to design an educational programs for mothers about proper weaning and weaning problems and its prevention.

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**Key words:** weaning - Maternal-Child Health MCH center – physical assessment- infant-infancy period.

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## Introduction

**W**eaning means different things in different cultures. In some cultures, the first swallow of something other than mother's milk is weaning, so using formula or starting solids is weaning. In others, weaning means ending breast feeding completely. In the UK, 'weaning' means 'adding complementary foods', whereas in the States it means 'giving up breastfeeding'." Even in the US the term "weaning" is used in multiple ways. It not only refers to ending breast feeding, but also to the gradual process of replacing milk-feedings with solid foods (**Emily, 2016**).

Weaning is when a baby transitions from breast milk to other sources of nourishment. When to wean is a personal decision. A mom might be influenced by a return to work, her health or the baby's, or simply a feeling that the time is right. Weaning a baby is a gradual process that calls for patience and understanding from both mother and child. Whenever the mothers decide to wean, the child may have another time in mind. Some children wean themselves earlier than the mother intended and others are resistant to weaning when the mother is ready. Those who are weaned later in life tend to be more resistant. For example, a 2-year-old toddler may be more attached and less flexible about giving up breastfeeding than a 12-month-old baby. At times like these,

it's important to take it slow and be sensitive to each other's needs (**Simmer, 2015**).

During the complementary feeding period, children require foods that are soft, hygienic and energy- and nutrient-dense to meet their high nutritional requirements. Moreover, weaning foods in developing countries are usually prepared under un-hygienic conditions using water from unprotected sources thus exposing the child to weaning diarrhea. This presents a dilemma to both mother and infant to wean or not to wean, which is termed the “weaning’s dilemma. Exactly when to wean, how to wean and what to wean with is a subject that has pre-occupied mothers and scientists alike, for a long time (**Chantry, 2015**).

The first aspect that makes the weaning begins that when the baby shows signs that he is ready for solids as, sitting up unassisted, grabbing items and putting them in his mouth, making chewing motions, showing interest in food. Once the baby demonstrates all of these signs of readiness and is at least 6-months-old, it is time to begin. It is recommended to wait until the baby is at least 6-months-old in order to reduce the chance of developing food allergies, allow for a more mature gut, and wait for the presence of enzymes necessary for digesting solid foods (**Bellu, 2015**).

### **Benefits of weaning to infant**

Weaning baby from the breast or the bottle starts at 6 months. From about 6 months old, baby needs more iron and other nutrients like Vitamin D and Vitamin C that milk alone cannot give. The idea of weaning is the process of gradual introduction to a wide range of 'non milk' foods so that by age of one, the baby will be joining in family meals (**Rapley, 2014**).

Milk is a poor source of iron, so weaning food is head to get the iron for rapid growth, brain development, need certain nutrients, essential fatty acid for brain and visual development. Baby should eat a hygienic and nutritious food because growth and weight will reduce due to imbalanced diet. Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children. Inappropriate feeding practices can have profound consequences for the growth, development, and survival of infants and children, particularly in developing countries (**Castellote, 2016**).

### **Significant of the study**

Infant mortality rate in Egypt reported that, total 19.7 deaths/1,000 live births reported as, male 21 deaths/1,000 live births and female 18.3 deaths/1,000 live births (2016 est.).

Poor nutrition and diarrhea are most common causes of infant's death. This statistic is an indicator of the nutritional status of a community. Children who suffer from growth retardation as a result of poor diets and recurrent infections tend to have a greater risk of suffering illness and death **(WHO, 2016)**.

Breastfeeding is the best way of providing ideal food for healthy growth and development of infants, and its advantages range from physiological to psychological for both mother and infants. It is well-known that breastfeeding influences a child's health positively and improves nutritional status. A meta-analysis from three developing countries showed that infants who were not breastfed had a 6-fold greater risk of dying from infectious diseases within the first 2 months of life than those who were breastfed. Six months of exclusive breastfeeding and continued breastfeeding in first year of life could also prevent 1.3 million child deaths worldwide according to systematic reviews from the Bellagio child Survival Study Group. In addition, incorrect infant feeding practices pose significant risk for malnutrition among children under the age of two years **(Bellu, 2015)**.

Incorrect weaning foods and feeding practices predispose the infant to malnutrition, growth retardation, infection, and high mortality. The major cause of weaning-age malnutrition is complementation of breast milk with cereal gruels that are of

low energy density. Thus, protein - energy malnutrition is a common problem among infants and children in the poor socio-economic groups of developing countries. The low nutrient density and high bulk of the weaning foods, early introduction of solid foods, and unhygienic practices predispose infants to malnutrition, growth retardation, infection, and high mortality (**Lionard, 2013**).

### **Nursing role toward weaning**

The nurse allows opportunities to educate parents regarding the nutritional needs of their children and to prepare them for the addition of solid foods. This includes education concerning what infants need and do not need. Furthermore it is possible for mothers' formal socioeconomic groups to feed their children according to recommendation. It is necessary however to check if guidelines are understood to ensure that mothers do not make feeding errors because of misunderstanding or ignorance (**Wong & Wilson, 2015**).