

Assessment Level of Knowledge about Weaning and Its Practice among Mothers Attending Primary Health Care Centers, Makkah Al-Mokarramah, 2021

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ABSTRACT

Background:

Weaning is a complex process of a gradual introduction of complementary foods to the infant's diet. It is recommended that solid food is introduced between 6 and 12 months of age. Weaning is difficult and potentially dangerous time for infants' growth and mother's education is an established determinant of its success. Little is known about weaning attitudes or practice among mothers in the Saudi Arabia. The weaning is a process by which the baby gets used to eating adult's food slowly and relies less and less on breastfeeding (BF). It should start between four and six months of age. It is an important public health strategy for improving the child health. The origins of the word 'weaning' are traceable to the AngloSaxon expression "wenian" meaning "to become accustomed to something different". Weaning from breastfeeding is considered a natural and inevitable stage in the development of 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), the aim of this study to assess the level of knowledge about weaning and its practice among mothers, therefore the awareness of mothers about weaning will be increased, and inappropriate weaning practices and its complications will be decreased. 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. Breastmilk is the ideal food for infants. It is safe and clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients. **Aim of the study:** To assess the level of knowledge about weaning and its practice and associated factors among mothers attending PHCCs in Makkah Al-Mokarramah, 2021. **Methods:** This was an analytical cross-sectional study conducted during 2021 among mothers in Makkah Al-Mokarramah. Stratified and Systematic random sampling technique was applied and

an Arabic self-administered questionnaire used for data collection. **Result:** shown, the results of the Weaning Knowledge a significant higher relation were (50.0%) while $p=0.001$ and $X^2=63.42$. regarding the Weaning Practicing Weaning no significant higher relation were (43.0%) while $p=0.0018$ and $X^2=12.66$. **Conclusion:** Various weaning methods were used, and mothers identified numerous factors as impeding their efforts to follow proper breastfeeding practices. The findings highlight the need to develop personal skills among mothers to prepare nutritionally balanced diets.

Keywords: Knowledge, Weaning, Practice, Mothers, Attending, Primary Health Care Centers

Introduction

Breast milk offers multiple benefits to the health of mother as well as to the health of newborns and infants.(1,2) It is uniquely engineered for newborns and infants² and is found to have numerous properties, including nutritional, anti-infective, immunological and anti-inflammatory properties.(3,4) A newborn infant is not able to combat himself from the pathogenic attack of infectious microorganisms because he starts making protective antibodies several weeks and several months after his birth(5)

The weaning is the process by which the baby gets used to eating adult family foods slowly and relies less and less on breast milk. It should start between four and six months of age. (6,7) It is an important public health strategy for improving infant's and child's morbidity and mortality and helping to control health care costs. In Saudi Arabia, the law is based on Quran and Sunnah. The Quran instructs its followers to breastfeed children for two complete years for who want to complete. It is breast milk that provides protection to children against the attack of various infectious agents.(8) Breast milk contains all forms of antibodies (Ab) or immunoglobulins (Ig), i.e. IgA, IgD, IgE, IgG, IgM, and children's immune response is not fully developed until the age of 5 years.(9) Therefore, breast milk protects children from infections like polio, staphylococcus infections, infectious diarrhoea, respiratory syncytial virus (RSV), pneumonia, sudden infant death syndrome (SIDS), necrotising enterocolitis, otitis media (OM), urinary tract infection (UTI) and neonatal septicaemia. Breast milk also reduces the risk of breast cancer, ovarian cancer and postpartum haemorrhage among mothers who breastfeed their children exclusively.(10,11)

Breastfeeding without any supplementation (infant formula, water, and solid foods) is recommended for the first six months after birth (12). Partial breastfeeding is recommended until the infant is at least 12 months old, and thereafter for as long as a woman and her child choose to continue. Partial breastfeeding is defined as breastfeeding while also providing other sources of nutrition, usually beginning at approximately six months of age. At this time, soft pureed meats, infant cereal, and then pureed fruits and vegetables may be introduced 'slowly. Cow's milk and fruit juice are not recommended until a child is at least 12 months old(7,13)

In a study in (8) both government and private hospitals in Saudi Arabia, about three-quarters of the mothers (76.1%) introduced bottle-feeding within three months of birth where the solid foods were introduced by half (50.0%) of the mothers when their baby was four to six months of age. Only 17.0% of mothers introduced solid foods early, or before their infants were less than four months of age, and almost one third began after six months of age. A few mothers under 20 years of age introduced solid foods too early (< 2 months) which may indicate a lack of knowledge of young mothers about the inappropriateness of solid foods for such small infants. There is late improper weaning among Saudi mothers. After the birth of the child the contact between the mother and the

health care providers are often lost or becomes minimal, and this may be a reason for late and improper weaning. (14)

Around the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs. An infant of this age is also developmentally ready for other foods. If complementary foods are not introduced around the age of 6 months, or if they are given inappropriately, an infant's growth may falter (15.9). A child of weaning age has a small stomach but needs plenty of food for growth and activity. There are two main ways of making sure these children get enough which is a very frequent feeding and using foods with a high concentration of nutrients. A very good first food to give a baby, along with breast milk, is a soft, thick, creamy porridge, made from the staple food of the community.

Literature Review

In 2017, Khaliq et al conducted a cross-sectional study to assess the knowledge and practices of working and non-working mothers regarding BF and weaning. The results showed that, 277(66.9%) mothers breastfed their youngest child, a significant difference was found among the BF practices of working and non-working mothers ($p < 0.05$). Almost three-quarter 320(77.9%) used bottle feeding, 259(62.6%) mothers were aware of the adverse effects of bottle-feeding. The majority of mothers 389(94%) were used Home-made products for weaning. They concluded that there was a significant difference in most of the aspects of knowledge and practices regarding BF between working and non-working mothers. (10)

In 2017, in Nigeria, Folasade et al conducted a descriptive study to explore infant weaning knowledge and practice among mothers attending infant welfare clinic in three primary health care centers in Ikenne Local Government Area, Ogun State, Nigeria. The result showed that, half (50%) of participants had moderate knowledge regarding infant weaning while majority (66%) had low practice concerning infant weaning. A statistically significant relationship was reported between occupation and weaning practices and between educational level and weaning practices among mothers ($P = 0.000$). (11)

In 2014, Gyampoh et al conducted a cross-sectional study among 199 mothers to assess the relation between GMP exposure and mothers' child feeding practices and knowledge in the Accra Metropolitan Area (AMA), Ghana. The results revealed that 74% mothers had not missed any scheduled child welfare clinic. More than 60% knew the correct age of introduction of foods, 86% gave a correct answer regarding the minimum daily number of times of feeding of the child. About 81% of children less than six months were exclusively breastfed in the preceding 24 hours, 42% children 6–23 months received different dietary meals, while 64% were get feeding for the required number of times in a day. Overall, 32% of children 6–23 months of age received a minimum acceptable diet in the last 24 hours. A more GMP exposure was positively associated with the scores of the feeding knowledge among mothers with children below six months ($p < 0.05$). They recommended focusing on providing feeding counseling for children above six months. (12)

In 2016, Al-Mutairi et al conducted a cross-sectional study among 252 mothers attending the well-baby clinics in Riyadh, to detect the knowledge and practice of BF with their determinants among mothers in Riyadh. The result revealed that 75% of the mothers had education on BF before the study. Mixed feeding was the most used method (51.6%) followed by artificial milk (29.4%). The main reason for discontinuing BF was breast milk insufficiency (37.3%) and breastfeed continuation was their perceived benefit (36.6%). Only 12.7% had excellent knowledge, good knowledge in

57.1%, and poor level in 30.2% mothers. High school education increased the knowledge by 10.9 points ($P = 0.024$) and undergraduate by 18.7 points ($P\text{-value} = 0.001$) when compared to women who were literate. Women with parity >5 increased knowledge score by 17.3 points ($P < 0.001$). They concluded that most (57.1%) of Saudi mothers had a moderate level of knowledge about the benefits of BF and 19% had practiced exclusive BF. They recommended better educational programs to increase awareness on its benefits. (13)

Rational:

Every community has a main staple food. It is often the first food that people think of when asked about their diet. Malnutrition responsible for 60% of the 10.9 million deaths annually among children under five years, two-thirds of them associated with inappropriate feeding practices during the first year of life. Infants are very likely to get infectious illnesses from the age of four to five months (the weaning age) especially if they are not breastfed. which can be preventable. The researcher has an interest in children. PHCCs are the appropriate location for study the weaning knowledge and its practice, when the researcher was working in the PHCC, she noticed that a lot of mothers who came for vaccinating their children have no idea or proper information about the weaning and a lot of mother's consultations was about difficulties during the weaning process.

Aim of the study:

To assess the level of knowledge about weaning and its practice and associated factors among mothers attending PHCCs in Makkah Al-Mokarramah, 2021.

Objectives:

- To assess the level of knowledge about weaning and its practice among mothers attending PHCCs in Makkah Al-Mokarramah, 2021.

Methodology

Study Design: Cross-sectional analytical study.

Study Population: Mothers attending PHCCs in Makkah Al-Mokarramah during 2021.

Eligibility Criteria:

Inclusion Criteria

- Female gender.
- All nationalities.
- Mothers who have a child five years of age or younger.
- Mothers attended PHCCs in Makkah Al-Mokarramah.

Exclusion Criteria

- Illiterates mothers.
- Mothers can't speak Arabic language.
- Mothers who don't have a child five years of age or younger.

Study Area:

Makkah Al-Mokarramah is the holy city for all Muslims. It is the place where the Prophet Muhammad (peace be upon him), was born, and where the message of God was first revealed to him and where the presence of Almasjid Alharam (the holy mosque) which contains Alkaa'ba representing the Qibla, the guidance for all Muslims in their prayers.

Makkah Al-Mokarramah is located in the western region in an area called Makkah region and contains 85 PHCC which divided under seven PHCC sectors (13 PHCC under Aladel sector, 11

PHCC under Alkakah sector, 13 PHCC under Asharaie sector, 14 PHCC under Azzaher sector, 10 PHCC under Kheles sector, 11 PHCC under Alkamel sector and 13 PHCC under Aljamoom sector).

There are several services in the PHCC in Makkah Al-Mokarramah including family medicine clinics, general clinics, chronic disease clinics, antenatal clinics, dental clinics, well baby clinics and vaccination clinics, as well as pharmacy, radiology and laboratory services. Family medicine clinics run by certified specialists and consultants while the other remaining clinics run by the general practitioners.

Total population in Makkah Al-Mokarramah city in the last statistics at 2020 is 2,578,722 according to General Authority of Statistic (GAS) in the Kingdom of Saudi Arabia (KSA).

Sample Size:

According to the GAS of KSA, the total population in Makkah Al-Mokarramah city in 2020 is 2,578,722. According to statistics of Ministry of Health (MOH), the percentage of the children who are their age is 0-5 years is 8.4%, then accordingly the total population of this study calculated and it was 194,143.

The sample size was calculated by Raosoft online website, based on the following assumptions: the total population was 194,143, the prevalence of knowledge about weaning was 50%, confidence Interval was 95%, and error margin was 5%. Accordingly, the estimated sample size was (300). It was $384 + 38.4$ (10%) for non-responders = 422.4 and by approximation it became (300).

Sampling Technique:

All areas of Makkah Al-Mokarramah city and its environs is divided under seven sectors of PHCCs were legible residents registered by Directorate General of Health Affairs in Makkah Al-Mokarramah region. From each sector, one PHCC (Stratified) was randomly selected to represent its equivalent portion (1/7) in the study sample, then simple randomization was adopted on numbers using online random number generator, to select one PHCC from the list of all names specific to each sector. Systematic random sampling technique was used to invite 55, 67, 65, 65, 50, 65 and 55 mothers from Aliskan PHCC, Azzaher PHCC, Asharaie PHCC, Alawali PHCC, Um Algerm PHCC, HadaAlsham PHCC, and Alkamel PHCC, respectively to participate in the study.

The total eligible mothers attended the randomly selected PHCCs. By dividing the total eligible mothers per day to the required sample ($30/10 = 3$), therefore, every third eligible mother was invited to participate in the study. The second eligible mother was selected by simple random as a starting point, and then every third mother (2nd, 5th, 8th, 11thetc.) were invited. In the case of refusing to participate in the study the next eligible mother was invited, and then the selection was continued in the same interval of every third eligible mother.

DataCollection Tool:

An Arabic self-administered questionnaire was used for collecting the data. The questionnaire modified and translated from a validated english interview schedule. The questionnaire collected data on written consent for participation, socio-demographic details, previous information about the weaning and its source, the knowledge about weaning (e.g. age of introduction of solid food, amount, and types of solid food), as well as the weaning practice (e.g. when the solid food began, which amount and types of food used).

DataCollection Technique:

After getting all needed permissions, the researcher assigned one week for each randomly selected PHCC and the required sample divided into five portions to be collected through five days.

The researcher took place in the reception of the PHCC beside the receptionist, and when the patients came to take a paper for getting a service in the PHCC, the mothers with the eligible criteria was invited to participate in the study by asking three questions (do you have a 5-years child or younger, can you read and write and verbal consent for participation).

At first, the second eligible mother was selected by simple random as a starting point, and then every third mother (2nd, 5th, 8th, 11thetc.) were invited. In the case of refusing to participate in the study the next eligible mother was invited, and then the selection was continued in the same interval of every third eligible mother.

An arabic, self-administered questionnaire was distributed to the invited mothers with a pen to fill the questionnaire while they were sitting in the waiting area before getting the service. The mothers took 5-10 minutes to fulfill the questionnaire, and after they finished, they placed the questionnaire in a small basket presented in a table in the waiting area as requested by the researcher. When the researcher noticed that, she came to collect the filled questionnaire and thank each mother for her participation and gave her a brochure about proper weaning process and its importance and risks of inappropriate weaning with a candy for her and her child if accompanied by her.

Data Entry and Analysis:

All collected data verified by hand, then coded before its entry to a personal computer. Statistical Package for the Social Sciences (SPSS) version 24 used for data entry and analysis. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative categorical variables, and means and standard deviations for quantitative variables. Analytic statistics using T-test to test for the association between two variables were applied. P-value less than 0.05 was considered statistically significant.

Pilot Study:

The pilot study conducted on 10% of the sample size with similar characteristics as the study's sample, but who were not included in the final sample using the similar questionnaire. The sample of the pilot chosen by non-probability convenient sampling technique in Al-Eskan PHCC which included under Al-Kaakiah PHCC sector in Makkah Al-Mokarramah. It aims to test the feasibility of the study, the clarity of the questionnaire and estimating the time needed to fill it. Important suggestions, omissions, and corrections from the results of the pilot study were incorporated in the final questionnaire and therefore enhanced its reliability.

Ethical Considerations:

- Approval from the research committee was obtained.
- Approval from Makkah joint program of family and community medicine was obtained.
- Approval from General Administration of Research and Studies, MOH, KSA.
- Approval from the Directorate General of Health Affairs of Makkah Al-Mokarramah, public health, and PHCC affairs sector was obtained.
- Written consent from each participant in the study was obtained for data collection.
- All information kept confidential.
- The researcher acknowledged the supervisor, advisors, helpers, facilitators, participants and family members.
- Brochure about weaning practice was provided for each participant in the study.

Budget:

The study was self-funded.

Results

Table 1 Distribution of demographic data (age, Educational level, social stats, Occupation study) (n=300)

	N	%
Mother's age		
<25	57	19
25-35	114	38
35-45	63	21
>45	66	22
Educational level:		
Read and write	42	14
Elementary	36	12
Intermediate	51	17
Secondary	66	22
University and above	105	35
Occupation:		
Housewife	111	37
Employee	99	33
Retired	90	30
Social status:		
Married	237	79
Divorced	36	12
Widow	27	9
Monthly income of the family:		
Less than 3000	123	41
3000 – 9000	99	33
9001 – 15000	36	12
More than 15000	42	14
Children live with:		
Both parents in a single house	198	66
One parent in a single house	30	10
Both parents in a house shared with grandparents	45	15
One parent in a house shared with grandparents	27	9
Sources of information:		
School	9	3
Hospital or PHC	33	11
Friends and relatives	168	56
Social media such	90	30
The media	39	13

Table 1 shows that most of the participants Mother's age (38.0%) were in the age group 25-35 years follow by the (22.0%) were in the age >45 years, also Regarding level of education the majority of participant are University and above were(35.0%),regarding Occupation the majority of participant are housewife were(37.0%) while employee were(33.0%).

Regarding the Social status the majority of participant married were(79.0). Regarding Monthly income of the family the majority of participant duration Less than 3000were(41.0%). Regarding the Children live with the majority of participant Both parents in a single house were (66.0%) Sources of information the majority of participant Friends and relatives were (56.0%).

Table 2: Distribution previous Weaning Knowledge and The Sources of Weaning Knowledge about Weaning Among Mothers Attending PHCCs, Makkah Al-Mokarramah, 2021

Weaning Knowledge	N	%
Age of the infant when beginning the weaning:		
1 - 3 months	28	11
4 - 6 months	182	36
7 - 9 months	172	31
Other	12	22
Amount of the first food when beginning the weaning:		
1 - 5 teaspoon size	131	28
6 - 10 teaspoon size	199	46
Half a cup	38	10
A cup	26	16
Best way to feed the infant the first food when beginning the weaning:		
Bottle	72	21
Cup	100	33
Dish and small unsharp spoon	180	30
Hand	30	9
Other	12	7
Giving the 1-month old infant a cow's milk makes him stronger:		
TRUE	206	61
FALSE	188	39
Beginning the weaning before three months of age will make the infant healthy:		
TRUE	72	20
FALSE	322	80
Six months old infant should be given only three meals a day:		
TRUE	69	2
FALSE	325	98
Beginning the weaning before four months of age because the milk alone is not enough:		
TRUE	248	69
FALSE	146	31

After beginning the weaning, breastfeeding becomes unnecessary because the infant will be satisfied with the other foods:		
TRUE	67	23
FALSE	327	77
Six months old infant should only breastfeed twice a day because he will not be interested in the other foods if breastfed more than twice a day:		
TRUE	83	22
FALSE	311	78

Table 2 show that, less than the half (36.0%) age of the infant when starting the weaning “from 4 to 6 months”, while (46.0) amount of the first food when beginning the weaning from 6-10 teaspoon size. Regarding the best way to feed the infant the first food when beginning the weaning most of participant used Cup were(33.0%) while Dish and small un sharp spoon were(30.0%), while Giving the 1-month old infant a cow's milk makes him strongerthe majority of participen answer True wer(61.0%) but False were (39.0%), regarding the Beginning the weaning before three months of age will make the infant healthy the most of participant answer False were(80.0%), also regarding the Six months old infant should be given only three meals a day most of participant answer False were(98.0%), while Beginning the weaning before four months of age because the milk alone is not enough most of participant answer True were(69.0%), while After beginning the weaning, breastfeeding becomes unnecessary because the infant will be satisfied with the other foods most of participant answer False were(77.0%), regarding Six months old infant should only breastfeed twice a day because he will not be interested in the other foods if breastfed more than twice a day the most of participant wer answer Falae were (78.0%).

Table 3: Weaning Practice Among Mothers Attending PHCCs, Makkah Al-Mokarramah, 2021

Variable	N	%
First food or supplement was given to the infant:		
Goat's or cow' milk	28	6
Fortified foods such as the cyrilac	225	61
Mashed foods such as potatoes and bananas	127	32
Other	14	1
Weaning was begun at:		
1 to 3 months	24	11
4 to 6 months	174	39
7 to 9 months	180	33
Other	16	17
Difficulties when practicing the weaning process:		
Yes	120	35
No	254	59

Not sure	20	6
Someone effects on the decision of choosing the weaning time:		
Yes	163	49
No	231	51
If yes, the person who affected on the decision of choosing the weaning time:		
Husband	30	20
Family or husband's family	62	34
Friends and relatives	33	21
Doctors or health educators	25	19
Other	13	6

Table 3 show more than the half (61.0%) reported that they were given the child “fortified foods such as the cyrilac” as a first food when they began the weaning, while (32.0%) mothers reported “mashed foods such as potatoes and bananas.” Less than the half of mothers (39.0%) reported that they began weaning when their infant at age “7 to 6 months”, while (33.2%) began at age “7 to 9 months”. Regarding the (59.0) reported no difficulties during the weaning process. More than the half 231 (51.0%) reported that no one affected their decision in choosing the weaning time. while regarding the If yes, the person who affected on the decision of choosing the weaning time the most of participant Family or husband's family were (34.0%) .

Table 4: Distribution the Weaning Knowledge and **Weaning Practices** about Among Mothers Attending PHCCs, Makkah Al-Mokarramah, 2021

	N	%	Chi-square	
Weaning Knowledge			X ²	P-value
Weak	39	13	63.42	<0.001*
Average	111	37		
High	150	50		
Weaning Practices				
Weak	87	29	12.66	0.0018
Average	84	28		
High	129	43		

Table 4 shown, the results of the Weaning Knowledge a significant higher relation were (50.0%) while $p=0.001$ and $X^2=63.42$. regarding the Weaning Practicing Weaning no significant higher relation were (43.0%) while $p=0.0018$ and $X^2=12.66$.

Figure 1 Distribution the Weaning Knowledge about Among Mothers Attending PHCCs, Makkah Al-Mokarramah, 2021

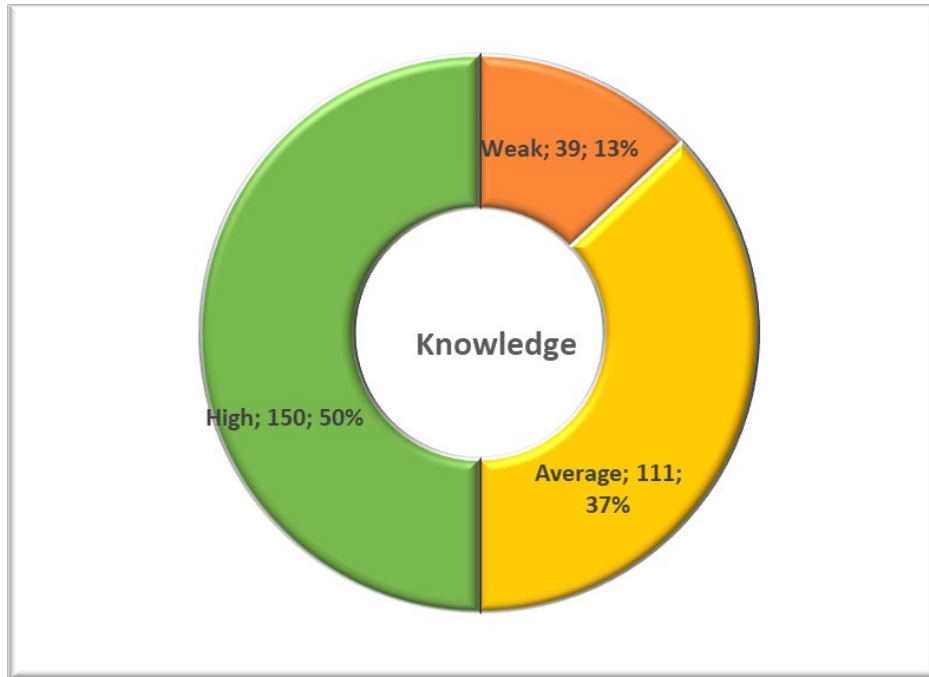
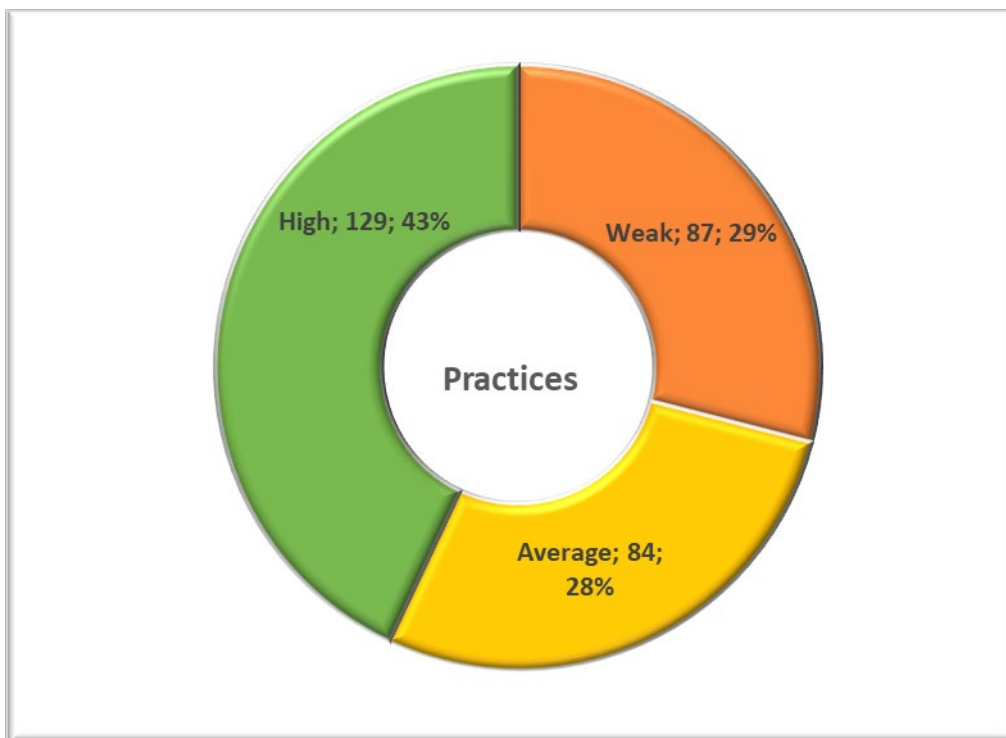


Figure 2: Distribution the Weaning Practices about Mothers Attending PHCCs, Makkah A Mokarramah, 2021



Discussion:

Healthy children are full of energy and are active. The human milk alone, cannot provide all the energy and protein essential for keeping an adequate speed of growth for the baby, after the age of six months. It is obligatory to present more intense energy solid nutritional and iron supplements by this age. Satisfactory nutrition is essential to maintain the ideal health of the baby at the age of 6 months. Their growth and development are according to the expected norms and show no nutritional deficiency. (14,16) aim of this study To assess the level of knowledge about weaning and its practice and associated factors among mothers attending PHCCs in Makkah Al-Mokarramah, 2021 The results of this study demonstrated shows that most of the participants Mother's age (38.0%) were in the age group 25-35 years follow by the (22.0%) were in the age >45 years, also Regarding level of education the majority of participant are University and above were(35.0%), regarding Occupation the majority of participant are housewife were(37.0%) while employee were(33.0%). Regarding the Social status the majority of participant married were(79.0). Regarding Monthly income of the family the majority of participant duration Less than 3000 were(41.0%). Regarding the Children live with the majority of participant Both parents in a single house were (66.0%) Sources of information the majority of participant Friends and relatives were (56.0%). (see table 1) That most of the mothers had good knowledge regarding weaning, where shown, the results of the Weaning Knowledge a significant higher relation were (50.0%) while $p=0.001$ and X^2 63.42. regarding the Weaning Practicing Weaning no significant higher relation were (43.0%) while $p=0.0018$ and X^2 12.66 .(see table 2,4)

(17,18) reported that 42% of the mothers of infants had poor knowledge about the weaning process,38% had moderate knowledge regarding weaning process, and only 20% of the mothers had good knowledge regarding weaning process. (17,18)

(19) reported that 50% of the mothers had moderate knowledge about the weaning, 42% had good knowledge, and only 8% of the mothers had poor knowledge regarding weaning process. (20)show that, less than the half (36.0%) age of the infant when starting the weaning “from 4 to 6 months”, while (46.0) amount of the first food when beginning the weaning from 6-10 teaspoon size. Regarding the best way to feed the infant the first food when beginning the weaning most of participant used Cup were(33.0%) while Dish and small un sharp spoon were(30.0%), while Giving the 1-month old infant a cow's milk makes him stronger the majority of participant answer True were(61.0%) but False were (39.0%), regarding the Beginning the weaning before three months of age will make the infant healthy the most of participants answer False were(80.0%), also regarding the Six months old infant should be given only three meals a day most of participant answer False were(98.0%), while Beginning the weaning before four months of age because the milk alone is not enough most of participant answer True were(69.0%), while After beginning the weaning, breastfeeding becomes unnecessary because the infant will be satisfied with the other foods most of participant answer False were(77.0%), regarding Six months old infant should only breastfeed twice a day because he will not be interested in the other foods if breastfed more than twice a day the most of participant were answer False were (78.0%). The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend breastfeeding to be exclusive in the first six months of age and to be continued with adding complementary feeds until the child reaches two years. (21,22). (23) study, 69.23% of samples responded correctly to question related to the Age of

starting weaning, 84.6% answered that weight should be increased after the initiation of weaning. (23)

(24) reported that the majority of mothers were able to specify the suitable age of start adding foods and most of those with children six months or older were also able to specify the minimum number of times their child should be fed per day. However, about a quarter of mothers specified that vegetables, eggs and flesh foods (meat/fish/poultry/organ meats) be introduced after eight months, while 17.1% specified that water/other liquids be given before the child was six months old. (24)

Health education to mother is essential as an effective tool to increase the level of correct weaning practice. Therefore, every consultation at the healthcare facility should be used ideally so that the women get the maximum benefits from the health care providers. Knowledge related to “weaning” must be repeated at every visit. The main point to increase the proper weaning practice and knowledge is improving primary health care. Moreover, the complete counseling and transmission so much information in an efficient way is essential. (25,26)

Conclusion

We found knowledge levels about weaning were poor among mothers . Women were likely following local customs in terms of their choice of weaning methods even among the well-educated. We found clear association between seeking doctors’ advice and better knowledge, which needs to be capitalized on in design and delivery of future educational interventions. Underfeeding babies of below 2 times daily was correlated substantially with poorer knowledge score. .is could be viewed as reverse causality, as clearly more knowledgeable mothers are expected to stick to optimum feeding frequency.

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