

Weaning practices: Rural and Urban differences

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■ **ABSTRACT :** The study was undertaken to assess the prevalence of recommended weaning among randomly selected (n=160) urban and rural respondents (mothers) of the Palanpur Taluka, Banaskantha district of Gujarat State. The findings revealed that that 40 per cent of urban mothers and 46.25 per cent of rural mothers initiated weaning either too early or too late. Higher per cent of rural mothers (88.75 %) in comparison to urban mothers (57.05 %) continued breast milk besides giving additional food while weaning. Merely, 27.50 per cent of urban and 38.75 of rural mothers continued breastfeeding till the child reached the age of two years. It was found that only half of the urban mothers and 66.25 per cent of rural mothers practiced child led weaning. Very less per cent of mothers introduced the recommended food at right age. Honey was introduced to child's food at recommended age by merely 16.25 % and 1.25 % of urban and rural mothers, respectively. Curd was correctly introduced by only 33.75 % of urban and 30 % and rural mothers. It was found that with increase in age of the child there was decrease in feeding frequency. The decline was observed to be steadier among rural mothers. It was found that tea was the most common mal-practice was that among beverage, tea was given by 86.25 per cent and 93.75 per cent of urban and rural mothers, respectively. Regarding basic hygiene during weaning it was found that 46.25 per cent of urban respondents sterilized the milk bottles by boiling for 10 -15 minutes before use where as only 5 per cent of rural respondents followed the sterilization process. It was also found that 82.50 per cent of urban and 67.50 per cent of rural respondents washed hand before weaning preparation. But only 8.75 per cent of urban and 27.50 per cent of rural mothers do not taste food by using infant spoon. Weaning practice had positive and highly significant association with age ($z = 0.374$) and annual income ($z = 0.457$) while was significantly associated with family type ($z = 0.146$), number of animals ($z = 0.174$) and mass media exposure ($z = 0.100$). The study suggests extensive extension of recommended weaning among mothers.

■ **KEY WORDS:** Weaning, Practice, Urban, Rural, Mother

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Gujarat, one of the developed states of India which is excelling in every field is on the 13th slot of the hunger index and is included in the top five states most affected from hunger. The fact that nearly

30 per cent of babies born in India are of low birth weight, but obviously not all, of the high rates of malnutrition that are observed later in life. Growth faltering continues during post-natal period, especially during the period

when children should be receiving other foods *i.e.*, complementary foods) in addition to breast milk. Thus weaning is most crucial period and should be well emphasized so as to correctly understood and followed by nursing mothers. The term “to wean” means “to accustom” and it describes the process by, which the baby is gradually introduced to foods other than milk and is recommended between the 4th -6th months of life (Cameron and Hofvander, 1983). The present study was conducted with aim to study rural-urban differences in weaning practices. The objectives of the study are as follows:

Objectives:

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

RESEARCH METHODS

The present study aims to investigate “recommended weaning practices prevalent among urban and rural mothers”. The present study was conducted in Palanpur Taluka, Banaskantha district of Gujarat State. Palanpur Taluka has one hundred twelve villages and only one city. Out of total one hundred twelve villages in Taluka, twelve villages were randomly selected and Palanpur city being the only city in Taluka was purposively selected for the study. The present study is descriptive type of research. Representative samples of 160 respondents (80 from rural and 80 from urban area) were selected by following random sampling procedure.

A pre-structured interview schedule was developed by expert jury method. The age of respondent, age of youngest child, education, caste category, family type, family size, family occupation and mass media exposure were studied as independent variables and weaning practice was studied as dependent variable. The weaning

practice was studied under seven dimensions *i.e.* initiation of weaning, method of weaning, types of weaning food, frequency of feeding, problems during weaning, food to be avoided during weaning and basic hygiene during weaning. Data was collected by personal interview techniques. Statistical analysis was carried out by computing, frequency, percentage, mean, standard deviation, correlation co-efficient, and z- test.

RESEARCH FINDINGS AND DISCUSSION

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Personal, socio-economic and communicational characteristics of urban and rural respondents :

The basic profile of urban and rural respondents is depicted in Table 1, revealed that half of the respondents from urban and 56.25 per cent of respondent from rural belonged to age group of 23-28 years. It was found that 62.05 per cent of urban and 66.25 per cent of rural respondents had child belonging to age group of 3-10 months of age. Further, 37.05 per cent of the urban respondents were educated till higher secondary where as 45 per cent of rural respondents were educated till primary level, 58.75 per cent of urban and 57.5 of rural respondents belonged to SEBC, 80 per cent of urban and 51.25 per cent of rural respondents were member of nuclear family, 63.75 per cent of the urban and 45 per cent of rural respondents belonged to small family size, 57.05 per cent of urban and 70 per cent of rural respondents belonged to low income group, 77.50 per cent of urban respondents were involved in housekeeping where in 91.25 per cent of rural respondents were involved in multiple work *i.e.* housekeeping, farm labour, farming and animal husbandry, 83.75 per cent of the urban respondents' spouse were involved in business or private job where in 63.75 per cent of rural respondents' spouse were involved in farm labour + farming + animal husbandry, 48.75 per cent of rural respondent had 1 or 2 milching animals at their home, 85 per cent of rural respondents were associated with anganwadi, 43.75 per cent of the urban respondents had medium level of mass media exposure where in 76.25 per cent of rural respondents had low level of mass media exposure.

Determining and comparing prevalence of

recommended weaning practices among urban and rural respondents :

The prevalence of practice regarding recommended weaning was studied under seven categories *i.e.* initiation of weaning, method, types of weaning food, frequency of feeding, problem during weaning, food to be avoided during weaning and basic hygiene during weaning.

Overall weaning practice being followed:

It was found that (Table 2) 45 per cent of the urban

and 46.25 rural respondents were practicing correct weaning upto medium extent. The z-test was used for comparing practices between urban and rural respondents regarding the overall weaning practices it was found to be not significant. The result revealed that there is no significant difference between urban and rural regarding overall weaning practices.

Category 1: Initiation of weaning :

The findings of practice regarding recommended

Table 1 : Distribution of respondents according to their personal, socio-economic and communicational characteristics					
Variables		Urban (n=80)		Rural (n=80)	
		Frequency	Per cent	Frequency	Per cent
Age (Years)	17 - 22	10	12.05	27	33.75
	23 - 28	40	50.00	45	56.25
	29 - 34	30	37.05	08	10.00
Age of child (month)	3 -10	50	62.05	53	66.25
	11 - 18	28	35.00	22	27.05
	19 -24	02	02.05	05	06.25
Respondent's education	Illiterate	14	17.05	29	36.25
	Primary (till 8 th)	08	10.00	36	45.00
	Middle (9 th -10 th)	06	07.05	03	03.75
	Higher secondary (11 th -12 th)	30	37.05	11	13.75
Caste category	Under graduate and above	22	27.05	01	01.25
	General	16	06.25	13	16.25
	SEBC	47	58.75	46	57.5
Type of family	SC/ST	17	21.25	21	26.25
	Joint family	16	20.00	39	48.75
Family size	Nuclear family	64	80.00	41	51.25
	Small (upto 4 members)	51	63.75	36	45.00
	Medium (5 - 8 members)	16	20.00	34	42.05
Monthly income	Large (above 8 members)	13	16.25	10	12.05
	Low (\leq 14000)	46	57.05	56	70.00
	Medium (Rs. 14001-27000)	16	20.00	24	30.00
Respondents occupation	High (\geq Rs. 27001)	18	22.05	00	00.00
	Housekeeping only	62	77.50	04	05.00
	Housekeeping + Farm labour + Farming + Animal Husbandry	00	00.00	73	91.25
	Housekeeping +Government job	05	06.25	01	1.25
Spouse occupation	Housekeeping +Business + Private Job	13	16.25	02	2.50
	Farm lab our + Farming + Animal Husbandry*	00	00.00	51	63.75
	Government job	13	16.25	04	05.00
Number of milching animals	Business + Private Job	67	83.75	25	31.25
	0	80	100.00	07	8.75
	1 - 2	00	00.00	39	48.75
	3 - 5	00	00.00	28	35.00
Associate with anganwadi	> 6	00	00.00	06	07.05
	Associate	00	00.00	68	85.00
	No associate	80	100.00	12	15.00
Mass media exposure	Low (7 to 10)	25	31.25	61	76.25
	Medium (11 to 14)	35	43.75	19	23.75
	High (15 to 18)	20	25.00	00	00.00

weaning in various categories by urban and rural respondents are given in Table 3.

Category I: Initiation of weaning :

It was found that 60 per cent of urban and 53.75 per cent of rural respondents started weaning their child only after 6 months of age *i.e.* till six month the respondents exclusively breast fed their babies. Further 18.75 per cent of urban and 28.75 per cent of rural respondent started weaning their child before recommended age. As compared to urban respondent (57.05), higher per cent of rural respondents (88.75) had continued breast milk beside additional food during weaning. Only 27.50 per cent of urban and 38.75 of rural respondents continued breastfeeding till the child reached the age of two years.

Katiyar *et al.* (1981) conducted a study was on infant and child feeding practices in the urban, slum, and rural areas of the Varanasi, India. A total 784 mothers were interviewed. A result showed 53.8 per cent of urban children were breast feed upto 6 month, as compared to 10.21 per cent of those in urban slums, 66.67 per cent of children were weaned in urban at 6 months, as compared to 40.14 per cent and 33.63 per cent in slum and rural groups, 5-9 per cent of rural children were weaned in a poor manner. Panth and Chothia (1990) reported that most of the mothers of their in urban Baroda district believed in initiation of solid supplements at 4-6 months of age.

WHO (1999) recommended that babies should be exclusively breastfed for the first six months. Exclusive breastfeeding means that no other food or drink should be given to the baby for the first six month. Kramer and Kakuma (2002) concluded that exclusive breastfeeding for six months confers several benefits on the infant and the mother. Kruger and Gericke (1999) reported that the majority of infants had been given foods other than breast milk by their second month of life. Weaver *et al.* (2003) found that the mothers start early weaning

practice with traditional gruels; those less nutritious than breast milk.

The z-test was used for 'comparing initiation of weaning' between urban and rural respondents. The result revealed that there is significant difference ($z=2.48$) in 'initiation of weaning' between urban and rural respondents.

Subba *et al.* (2007) infant feeding practices revealed that almost 60.00 per cent of mothers were practicing exclusive breast-feeding at 5 months, almost 40.0 per cent started complementary feeding before the recommended age of 6 months and about 22.0 per cent delayed introduction of complementary feeding. Jalab (2006) reported that only 43.5 per cent of the mothers initiated breast feeding within one hour of birth and 60.5 per cent were practicing exclusive breast feeding at 5 month. Almost 40 per cent of the mothers started weaning before the recommended age of 6 month and 22.5 per cent delayed introduction of weaning beyond the recommended age.

Category 2: Weaning method :

It is evident from Table 3 that half of the urban respondents and 66.25 per cent of rural respondents wean only when child was hungry. Further 71.25 per cent of urban and 65 per cent of rural respondents wean their child gradually and patiently. Higher number of urban respondents (88.75 %) encourage child to eat as compared to rural respondents (66.25 %). Similarly, 28.75 per cent of urban and 21.25 per cent of rural respondents maintain eye contact during weaning. About 68.75 per cent of urban and 55 per cent of rural respondents plan menu to meet nutritional requirement, but these menu plans were not written on piece of paper rather kept in mind while preparing weaning food.

The z-test was used for comparing practices between urban and rural respondents regarding 'weaning method'; the result was found to be not significant. The result revealed that there is no significant difference

Table 2 : Distribution of the respondents according to overall weaning practice

Sr. No.	Overall weaning practice	Urban (n=80)		Rural (n=80)		Calculated Z
		Frequency	Per cent	Frequency	Per cent	
1.	Low (≤ 82)	28	35.00	29	36.25	1.4537 ^{NS}
2.	Medium (83-87)	36	45.00	37	46.25	
3.	High (≥ 88)	16	20.00	14	17.50	
	Mean		86.30		85.54	

NS= Non-significant

Table 3: Distribution of respondents according to weaning practices regarding various dimensions of weaning					
Sr. No.	Weaning practice	Urban (n=80)		Rural (n=80)	
		Frequency	Per cent	Frequency	Per cent
Category 1: Statements related to initiation of weaning					
1.	Weaning was started only at 6 month	48	60.00	43	53.75
2.	Beside additional food, breast milk was also given while weaning the baby	46	57.05	71	88.75
3.	Breast feeding was continued on demand till 2 year	22	27.50	31	38.75
4.	Learning was promoted during weaning	70	87.05	64	80.00
5.	Weaning was started before recommended age	15	18.75	23	28.75
	Mean	18.66		18.10	
	'Z' calculated	2.4878* (p<0.05)			
Category 2: Statements related to weaning method					
6.	Wean only when child is hungry <i>i.e.</i> , child-led	40	50.00	53	66.25
7.	Wean gradually and patiently	57	71.25	52	65.00
8.	Encourage child to eat	71	88.75	53	66.25
9.	Talk to the child while weaning	69	86.25	64	80.00
10.	Maintain eye contact during weaning	23	28.75	17	21.25
11.	Plan menu to meet nutritional requirement	55	68.75	44	55.00
	Mean	12.54		12.86	
	'Z' calculated	1.4933 ^{NS}			
Category 3: Statements related to practices types of weaning food and its initiation					
12.	Wheat was introduced only after recommended age <i>i.e.</i> , 6 month	15	18.75	04	05.00
13.	Curd was introduced to child after 6 month	27	33.75	24	30.00
14.	After 6 month baby was fed with semi liquid food	69	86.25	63	78.75
15.	Cow's milk was introduced only after 12 month	05	06.25	01	1.25
16.	Finger food was provided after 12 month	48	60.00	27	33.75
17.	After 12 month the child was given the same type of food by the rest of the family	68	85.00	47	58.75
18.	Honey was introduced after 24 (2-year) months	13	16.25	01	1.25
19.	Egg was introduced to the child only after 24 (2-year) months	7	8.75	18	22.5
20.	Peanuts was introduced to the child after 36 month	27	33.75	26	32.05
21.	Vitamin A rich food like Orange, mango, papaya etc. was given daily	17	21.25	43	53.75
	Mean	18.66		18.10	
	'Z' calculated	2.4878* (p<0.05)			
Category 4: Statements related to prevalence practice about frequency of feeding					
22.	Beside breast feed 6 to 8 month infant was fed with complementary food for 2 to 3 times	39	48.75	42	52.5
23.	Beside breast feed 9 to 12 month infant was fed with complementary food for 3 to 4 times	29	36.25	31	38.75
24.	Beside breast feed child of 12 to 24 month of age 3 to 4 times of complementary food along with 1to2 times snacks	22	27.5	19	23.75
	Mean	4.90		4.95	
	'Z' calculated	0.4590 ^{NS}			
Category 5: Statements related to practice for overcoming problems during weaning					
25.	If child refused food than mother experimented with different food combinations	77	96.25	72	90.00
26.	If child refused food than mother experimented with Food of different taste	74	92.50	69	86.25
27.	If child refused food than mother experimented with Different food texture	71	88.75	37	46.25
28.	During child illness, fluid intake was encourage	73	91.25	66	82.50
29.	During child illness the child was provided with soft food	42	52.50	38	47.50
30.	During child illness, mother increased frequency of breast milk on depending upon child demand	73	91.25	59	73.75

Table 3 contd...

Contd.... Table 3

31.	After illness complementary food was given to overcome nutrients loss	61	76.25	57	71.25
32.	During child illness, mother increased frequency of food	68	85.00	63	78.75
	Mean		16.49		16.20
	'Z' calculated				2.1994* (p<0.05)
Category 6: Statements related to providing non-recommended food during weaning					
33.	Tea	69	86.25	75	93.75
34.	Coffee	08	10.00	07	8.75
35.	Whole Nuts	77	96.25	63	78.75
36.	Whole Grapes	31	38.75	12	15.0
37.	Row carrot	72	90.00	66	82.50
38.	Soda	09	11.25	13	16.25
39.	Un boiled milk	12	15.00	56	70.00
40.	Half boiled egg	11	13.75	02	02.50
	Mean		9.86		9.80
	'Z' calculated				0.3925 ^{NS}
Category 7: Statements related to practice regarding basic hygiene during weaning					
41.	Wash utensil with soap/detergent	78	97.5	66	82.5
42.	Wash utensil with mud	02	02.5	14	17.5
43.	The bottles is sterilized by boiling for 10-15 minute before using	37	46.25	04	05.00
44.	The bottles is sterilizing every time before use	31	38.75	26	32.50
45.	Wash hand before weaning preparations	66	82.50	54	67.50
46.	Do not taste food using infant spoon	07	08.75	22	27.50
47.	Infant food is safely stored before serving	65	81.75	54	67.50
48.	Infant food is served immediately after preparation	62	77.50	46	57.50
	Mean		16.68		16.65
	'Z' calculated				0.1243 ^{NS}

* indicates significance of value at P=0.05

NS=Non-significant

between weaning method of urban and rural respondents.

Category 3: Type of weaning food and its initiation:

It is evident from Table 3 that merely 6.25, 8.75, 16.25, 18.75, 33.75, per cent of urban respondents has initiated the following weaning foods *i.e.* cow's milk, egg, honey, wheat, and curd, respectively at recommended age. It was also found that only 21.25 per cent of urban respondents provided their child with vitamin 'A' rich fruits as compare to higher number of rural respondents (53.75 %). Further, it was also observed that 55 and 85 per cent of the urban and rural respondents feed their child with only homemade food while about 35 and 28.27 per cent of them fed child with combination of homemade and commercial food, respectively. Use of commercial formula in rural area was low (1.25 %) because they are expensive and not easily available.

Similar findings were obtained by Faber *et al.* (1997). Weaver *et al.* (2003) found that the mothers start early weaning practice with traditional gruels; those less

nutritious than breast milk. Apurba *et al.* (2010) found that 65.95 per cent of infants started weaning at six months of age. Out of these, 72.5 per cent were given more than one type of solid or semi solid food. Kanoa *et al.* (2011) found that 45 per cent of the respondents wean children at two years of age. Egg, vegetable soup and fruit juice were common food given by mothers to their babies at the age 3 to 5 months.

The z-test was used for comparing practices between urban and rural respondents regarding initiation of weaning food at recommended age. The result was found to be significant. The result revealed that there is significant difference ($z= 2.49$) between weaning practice followed by urban and rural respondents regarding initiation of weaning food at recommended age.

Category 4: Frequency of feeding :

It can be revealed from Table 3 that, almost half of the respondents (48.75 % of urban and 52.5 % of rural) correctly practiced feeding at 6 to 8 month; it was also

found that only 36.25 per cent of urban and 38.75 per cent of rural respondents were correctly practicing feeding at 9 to 12 month. Further, the feeding frequency was gradually decreased from both the group with only 27.5 per cent in urban and 23.75 in rural respondents at 12 to 24 month.

It can be concluded that as the age of the child increases, the frequency of following the recommended feeding decreases. The reason could be that till six month, the lactating mothers are mostly at rest, they are taken care by other family members but gradually the work of lactating mothers increases regarding housekeeping thus decreases the time spend for child care.

Ram (2012) reported that more than half (56.81%) of mothers fed their child less than prescribed frequencies per day. Whereas one among 10 mothers fed more frequent than required and only one third mothers fed their children as per recommendation.

Aggrawal *et al.* (2008) reported that almost 65 per cent children above six months of the age were getting CF more than 3 times a day but in 36.4 per cent cases consistency was thin.

The z-test was used for comparing practices between urban and rural respondents regarding frequency of feeding. The result was found to be not significant.

Category 5: Overcoming complications during weaning :

The data presented in Table 3 depicts that majority of urban respondents (88.75 %) as compared to rural respondents (46.25 %) try changing texture of food for the ill child. It was also found that only half of the respondents from both the group (52.50 % and 47.50 % of urban and rural respondents, respectively) try giving soft food to ill child. The reason could be that the lactating mothers also have to look after other household chores thus could not devote much time for preparation of special food for the child.

Lawrence (1999) reported that at four to six months of age, the infant is developmentally ready to accept solid foods. Sucking and chewing are complex behaviours having both reflex and learned components. The learned component is conditioned by oral stimulation. If a stimulus is not applied when the neural development is taking place, then the infant may become a poor eater. There is a relationship between prolonged sucking without solids

and poor eating.

The z-test was used for comparing practices between urban and rural respondents regarding combating problem during weaning. The result revealed that there is significant difference ($z=2.19$) between weaning practice followed by urban and rural respondents regarding combating problem during weaning.

Category 6: providing non-recommended food during weaning :

It was found from Table 3 that majority of the respondents fed tea (Urban: 86.25 %; Rural: 93.75 %), whole nuts (Urban: 96.25 %; Rural: 78.75 %) and raw carrot (Urban: 90 %; Rural: 82.50 %) to their child. It was also observed that majority of rural respondents (70 %) fed their child with unboiled milk as compared to urban respondents (15 %).

Kalanda (2006) found that mean age at which water was introduced to infant was 2.5 month. Okolo (1999) observed that most mothers were giving pre-lacteals *i.e.*, ranging water or infant formula to herbal tea.

The z-test was used for comparing practices between urban and rural respondents regarding providing non-recommended food during weaning. The result was found to be not significant.

Category 7: Basic hygiene during weaning :

It is evident from Table 3 that maximum of the respondents (Urban: 97.5 %; Rural: 82.5 %) washed utensils with detergent. About 46.25 per cent of urban respondents sterilized bottles by boiling for 10-15 minutes before using where as only 5 per cent of rural respondents followed the boiling sterilization. It was also found that 82.50 per cent of urban and 67.50 per cent of rural respondents washed hand before weaning preparation. Further it was also found that 77.50 per cent of urban and 57.50 per cent of rural respondents served weaning food immediately after preparation.

Keusch *et al.* (2006) observed that most of the diarrhoea in developing countries is due to preparation of weaning foods under unhygienic conditions. WHO (2008) recommended that bottle feeding is not advisable due to the risk of exposure to infectious agents.

The z-test was used for comparing practices between urban and rural respondents regarding basic hygiene during weaning. The result was found to be not significant. The result revealed that there is no significant

difference between weaning practice followed by urban and rural respondents regarding basic hygiene during weaning.

Reasons for non-adoption of recommended weaning practices by urban and rural respondents:

The result from Table 4 showed that 3.75 per cent of urban and 11.25 per cent of rural respondents had subsequent pregnancy thus could not continue breast feeding till recommended age. Further, it was found that 5 per cent and 6.25 per cent of urban and rural respondents, respectively faced problem of insufficient breast milk. Even it was seen that 2.05 per cent of urban and 8.75 per cent of rural respondents started early weaning because child refused to suck.

The reasons for not following recommended

weaning was that 35 per cent of urban and 52.5 per cent of rural respondents were unaware about such recommendations. Further, it was also found that 88.75 per cent of urban and 43.75 per cent of rural respondents were not following recommended weaning because of unavailability of such programmes on TV/radio.

Correlation between weaning practices and personal, socio-economic, communicational characteristics among urban and rural respondents:

It can be inferred from Table 5 that weaning practice had positive and highly significant association with age and annual income. Further, weaning practice had positive and highly significant association with family type, number of animals and mass media exposure. The results

Table 4 : Statements related to reasons given for non-adoption of recommended weaning practices by urban and rural respondents

Sr. No.	Reasons	Urban (n=80)		Rural (n=80)	
		Frequency	Per cent	Frequency	Per cent
1.	Early weaning was started because lack of family support	06	7.5	01	1.25
2.	Early weaning was started because of subsequent pregnancy	03	3.75	09	11.25
3.	Early weaning was started because insufficient breast milk	04	5.00	05	6.25
4.	Early weaning was started because child refused suck	02	2.5	07	8.75
5.	Early weaning was started because of mother illness	00	00.00	01	1.25
6.	Child refused to eat	01	1.25	02	2.5
7.	Mother thought that giving mother's milk till one years will be good for child health	00	00.00	03	3.75
8.	Not aware of recommendation	28	35.00	42	52.5
9.	Proper guidance was not there	15	18.75	11	13.75
10.	Unavailability of such programmes on TV/radio	71	88.75	35	43.75

Table 5 : Correlation between weaning practices and personal, socio-economic, communicational characteristics among urban and rural respondents (n=160)

Sr. No.	Independent variables	Dependent variables weaning practice (Y ₂)
		Correlation coefficient of (r) value
1.	Age (X ₁)	0.374**
2.	Age of youngest child (X ₂)	-0.0908 ^{NS}
3.	Education (X ₃)	-0.0704 ^{NS}
4.	Caste categories (X ₄)	0.0122 ^{NS}
5.	Family type (X ₅)	0.146*
6.	Family Size (X ₆)	0.0772 ^{NS}
7.	Annual income (X ₇)	0.457**
8.	Family occupation (X ₈)	0.0299 ^{NS}
9.	Place of living (X ₉)	0.0536 ^{NS}
10.	Number of animal (X ₁₀)	0.174*
11.	Land holding (X ₁₁)	-0.0088 ^{NS}
12.	Associations with anganwadi (X ₁₂)	0.0559 ^{NS}
13.	Mass media exposure (X ₁₃)	0.100*

* and ** indicate significance of values at P=0.05 and 0.01, respectively level NS = Non-significant

were contrary with Chapagain (2013), who 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.

Conclusion :

It can be concluded from present study that weaning practices were same for urban and rural respondents. The reason could be that our cultural and traditional value system is still dominant over scientific recommendations. The people are not aware of negative impacts of not following recommended practices.

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